

SUMMARY OF PERFORMANCE

_____ County Schools

Date _____

Student Full Name _____

DOB _____

School _____

Age _____

Parent(s)/Guardian(s) _____

Grade _____

Address _____

WVEIS# _____

City/State: _____

Telephone _____

Additional Background Information (optional): _____

I. Postsecondary Goal(s)

Education/Training: _____

Employment: _____

Adult Living: _____

II. Summary of Performance

A. Academic Achievement:

B. Functional Performance:

C. Student Perspective (optional): Impact of disability: _____

Supports tried: _____

Supports that work: _____

Supports that did not work: _____

Strengths/Needs others should know: _____

III. Recommendations for Meeting Postsecondary Goal(s)

Education/Training: _____

Employment: _____

Adult Living: _____

Community Participation: _____

NOTE: Attach academic transcript and/or relevant assessment data to this form.