

MY SUMMARY OF PERFORMANCE

Background Information

Student Name: _____ Date of Birth: _____ Year of Graduation/Exit _____

Address: _____

Telephone Number: _____

Primary Disability: _____ Secondary Disability: _____

Primary Language: _____

Section I <i>My Post school Goals for ONE YEAR AFTER HIGH SCHOOL</i>																			
Living	<p>My Goal: _____</p> <hr/> <p>The following will help me be successful after graduation:</p> <p><input type="checkbox"/> Transportation <input type="checkbox"/> Riding DARI Bus <input type="checkbox"/> Obtain Drivers License <input type="checkbox"/> Mobility Training</p> <p><input type="checkbox"/> Housing <input type="checkbox"/> Stay with parents <input type="checkbox"/> Get Apartment <input type="checkbox"/> Live in dorm <input type="checkbox"/> Group Home</p> <p><input type="checkbox"/> Strong support system <input type="checkbox"/> Agency Support <input type="checkbox"/> Other _____</p>																		
Learning	<p>My Goal: _____</p> <hr/> <p>The following will help me be successful after graduation:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Exemption from reading before peers</td> <td><input type="checkbox"/> Peer Tutoring</td> </tr> <tr> <td><input type="checkbox"/> Extra time for completing assignments</td> <td><input type="checkbox"/> Reduced assignments</td> </tr> <tr> <td><input type="checkbox"/> Opportunity to respond orally</td> <td><input type="checkbox"/> Oral Exams</td> </tr> <tr> <td><input type="checkbox"/> Use of word processor/computer</td> <td><input type="checkbox"/> Calculators</td> </tr> <tr> <td><input type="checkbox"/> Highlighted materials for emphasis</td> <td><input type="checkbox"/> Short Instruction</td> </tr> <tr> <td><input type="checkbox"/> Large Print Materials</td> <td><input type="checkbox"/> Assignment Notebooks</td> </tr> <tr> <td><input type="checkbox"/> Peer to read materials</td> <td><input type="checkbox"/> Frequent breaks</td> </tr> <tr> <td><input type="checkbox"/> Multiple Choice test/limited answer choices</td> <td><input type="checkbox"/> Agency Support</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Exemption from reading before peers	<input type="checkbox"/> Peer Tutoring	<input type="checkbox"/> Extra time for completing assignments	<input type="checkbox"/> Reduced assignments	<input type="checkbox"/> Opportunity to respond orally	<input type="checkbox"/> Oral Exams	<input type="checkbox"/> Use of word processor/computer	<input type="checkbox"/> Calculators	<input type="checkbox"/> Highlighted materials for emphasis	<input type="checkbox"/> Short Instruction	<input type="checkbox"/> Large Print Materials	<input type="checkbox"/> Assignment Notebooks	<input type="checkbox"/> Peer to read materials	<input type="checkbox"/> Frequent breaks	<input type="checkbox"/> Multiple Choice test/limited answer choices	<input type="checkbox"/> Agency Support	<input type="checkbox"/> Other _____	
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Section 2
My Perceptions of My Disability

Describing My Challenges

My primary disability is:
My secondary disability is (if there is one):

My Disability Impact

My Disability Impacts:

<input type="checkbox"/> Assignments/grades	<input type="checkbox"/> Attention
<input type="checkbox"/> Time on test/assignment	<input type="checkbox"/> Concentration
<input type="checkbox"/> Mobility	<input type="checkbox"/> Spelling
<input type="checkbox"/> Extra Curricular Activities	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Peer Relationship	<input type="checkbox"/> Speech
<input type="checkbox"/> Reading	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Writing	<input type="checkbox"/> Does not affect my performance in school
<input type="checkbox"/> Other _____	

Supports & Accommodations

1) What Supports/Accommodations have been tried by teachers or by you to help you succeed in school?

<input type="checkbox"/> Exemption from reading before peers	<input type="checkbox"/> Reduced assignments
<input type="checkbox"/> Extra time for completing assignments	<input type="checkbox"/> Opportunity to respond orally
<input type="checkbox"/> Grading based on participation	<input type="checkbox"/> Assignment Notebooks
<input type="checkbox"/> Opportunity to leave for Content Mastery	<input type="checkbox"/> Oral Exams
<input type="checkbox"/> Seat near teacher for instructional purposes	<input type="checkbox"/> Short Instruction(1 or 2 steps)
<input type="checkbox"/> Test given by Special Education Teacher	<input type="checkbox"/> Peer tutoring
<input type="checkbox"/> Highlighted material for emphasis	<input type="checkbox"/> Large print material
<input type="checkbox"/> Frequent reminders of the rules	<input type="checkbox"/> Frequent breaks
<input type="checkbox"/> Private discussions about behavior	<input type="checkbox"/> Braille materials
<input type="checkbox"/> Use of Word Processor/Computer	<input type="checkbox"/> Peer to read instruction
<input type="checkbox"/> Multiple choice test w/limited answer	<input type="checkbox"/> Use of Calculators
<input type="checkbox"/> Other _____	

2) What Supports/Accommodations have worked best for you?

<input type="checkbox"/> Exemption from reading before peers	<input type="checkbox"/> Reduced assignments
<input type="checkbox"/> Extra time for completing assignments	<input type="checkbox"/> Opportunity to respond orally
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Which of these have not worked? _____

What Strategies & Needs should professionals know about you as you enter post-secondary education or the work environment? _____

Section 3
The School's Perspective On My Disability

<p>Briefly describe how students disability impact functioning in the following areas.</p>	Disability Impact																								
	Living																								
	Learning																								
<p>Summary of Successful Accommodations and Supports used in High School</p>																									
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IRVING
Independent School District

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 Irving TX 75062

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 Transition Specialist

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 Cell - 214-803-2791

Section 4

School Produced Summary of My Academic Achievement and Functional Performance

The most recent copy of assessment reports that diagnose and clearly identify the student's disability or functional limitations and/or that will assist in postsecondary planning are attached.

- | | |
|------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Psychological/cognitive | <input type="checkbox"/> Response to Intervention (RII) |
| <input type="checkbox"/> Neuropsychological | <input type="checkbox"/> Language proficiency assessment |
| <input type="checkbox"/> Medical/physical | <input type="checkbox"/> Reading assessment |
| <input type="checkbox"/> Achievement/academic | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Behavioral analysis |
| <input type="checkbox"/> Social/international skills | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> Community -Based assessment | <input type="checkbox"/> Career/vocational or transition assessment |
| <input type="checkbox"/> Self Determination | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Other: _____ | |

Team Participant Signatures:

Name	Title	Name	Title
Student		Parent(s)	
Special Education Teacher			