



Summary for Post-Secondary Living, Learning, and Working

(To be completed at exit prior to graduation)

Student Name: _____ Birthdate: _____ Date: _____

Attending District/Building: _____ Date of Exit: _____

Post-Secondary Expectations:

Living

Learning

Working

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

Adult/Community Contacts:

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

High School Contacts:

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____