## Section I: **Student Information** Student Name: \_\_\_\_\_ Today's Date:\_\_\_\_\_ Other ID: \_\_\_\_\_ Date of Birth: \_\_\_\_ Student's Exceptionalities: Section II: Student's Postsecondary Goal(s) A. В. C. **Section III: Summary of Academic Achievement** The following information is a summary of academic achievement that may include data from transcripts, report cards, reports of standardized test results, and reports of progress toward meeting IEP goals. **Section IV: Summary of Functional Performance** The following information is a summary of functional performance (i.e., life/community access skills and vocational skills).

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## Section V: **Student Input**

A.	How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?	
В.	B. What accommodations and supports have worked for you	and which have not? Why?
C.	C. What strengths and needs should professionals know about or work environment?	nt you as you enter the postsecondary education
Sug	Section VI: Recommendations for Meeting Postsecondary Suggestions for accommodations, adaptive services, assistive of support services to enhance access in the following post-high s A. Education and Training:	levices, compensatory strategies, and/or collateral
B.	B. Employment:	
C.	C. Independent Living:	
	Form completed by: (name and title)	Dotor
Siu	Student Signature:	Date:

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