

### Summary of Performance

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parent Address: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

School District: \_\_\_\_\_ Phone: \_\_\_\_\_

The Individuals with Disabilities Education Act of 2004 states that for any child whose eligibility under special education terminates due to graduation or aging out, the local agency "shall provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's post-secondary goals." Please provide a copy for the student and place one in the CA60 file.

☐ A regular high school diploma —or—  
☐ Achieve a certificate of completion

Completion Date: \_\_\_\_\_

### Assessment Data

Summary of Academic Achievement:

Name of Test(s):

Testing Dates:

Reading:

Math:

Writing:

☐ Grade Levels —OR— ☐ Standard Scores

Modifications/Accommodations needed:

### **Career/Employment**

**Post-Secondary Goal:**

**Performance:**

**Recommendations:**

### **Post-Secondary Education/Training**

**Post-Secondary Goal:**

**Performance:**

**Recommendations:**

---

### **Adult Living**

**Post-Secondary Goal:**

**Performance:**

**Recommendations:**

## **Community Participation**

**Post-Secondary Goal:**

**Performance:**

**Recommendations:**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preparer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_