

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name:

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE - School Age

Student First & Last Name:	
District/School Name:	
Date Summary Issued to Student: (mm/dd/yy)	

Dear _____,

:

Now that you have graduated or are beyond school age, we are providing you with a *Summary of Academic Achievement and Functional Performance* to assist you in planning for the future. This summary is divided into five parts. Part 1 provides information we currently maintain about you. Part 2 summarizes your academic achievement and functional performance in school. Part 3 provides recommendations for assistance you may need to meet your postsecondary goals. Part 4 gives you a chance to provide information related to your achievement and performance. Part 5 summarizes your contact information upon finishing high school.

Part 1: Student Information

Date of Birth (MM/DD/YY)					
PA Secure ID:					
Date of Graduation/Exit:					
Student Current Primary Address:					
City:		State:		Zip Code:	
District of Residence (LEA):					
Current School:					
Current School Phone:					
Student exited school as:	Select only one: ☐ Graduate with a high school diploma ☐ Drop-out ☐ Reaching maximum age ☐ Receiving a GED				

Part 2: Summary of Student Performance (based on IEP Goals)

ACADEMIC ACHIEVEMENT (If appropriate)	ACCOMMODATIONS	RECOMMENDATIONS

Functional Performance (If appropriate)	ACCOMMODATIONS	RECOMMENDATIONS
Career/Vocational:		
Social Skills and Behavior:		
Independent Living Skills:		

Part 3: Recommendations to Assist Student in Meeting Postsecondary Goals

POST-SECONDARY EDUCATION AND TRAINING		Check only ONE option
What education/training post-secondary goal is included in this student's IEP for the period immediately following high school?	2- or 4-year college	☐
	Post-secondary vocational training program	☐
	Short-term education or employment training program	☐
	Community or technical college	☐
	Apprenticeship program	☐
	On-the-job training	☐
	Licensing program (Nursing, Cosmetology, etc.)	☐
	Adult continuing education courses	☐
	Adult Training Facility	☐
	Adult center program	☐
	Adult in-home program	☐
	Other training program - Please describe:	☐
	The IEP team has determined that this post-secondary goal is not applicable for the student	☐

Office/Agency Contact Information	Next Steps and Purpose for Contact:	
EMPLOYMENT		Check only ONE option
What <u>employment</u> post-secondary goal is included in this student's IEP for the period immediately following high school?	Competitive integrated employment	☐
	Military	☐
	Employed in family business	☐
	Self-employment	☐
	Supported employment (paid work in a community setting with support services)	☐
	Sheltered employment (where most workers have disabilities)	☐
	Employment that allows for technological and medical supports	☐
	The IEP team has determined that this post-secondary goal is not applicable for the student	☐
Office/Agency Contact Information	Next Steps and Purpose for Contact:	
Upon exiting high school, was the student employed in a competitive integrated setting?	Yes	☐
	No	☐

INDEPENDENT LIVING		Check only ONE option
What <u>independent living</u> post-secondary goal is included in this student's IEP for the period immediately following high school?	Independent living	☐
	Family Support (will access community resources and programs with family support)	☐

	Agency Support (will access community resources and programs with agency support)	☐
	Other independent living goal area - Please describe:	☐
	The IEP team has determined that this post-secondary goal is not applicable for the student	☐
Office/Agency Contact Information	Next Steps and Purpose for Contact:	

Part 4: Student Perspective

		Check ALL that apply
Identify each class/activity in which you took part in high school.	Career/technology education (vo-tech)	☐
	Community-based work instruction	☐
	Community-based life skills instruction	☐
	Unpaid work experience	☐
	Paid work experience	☐
	College prep	☐
	Academic instruction	☐

Please answer the following questions based upon your high school experiences:		Check ALL that apply
Identify each accommodation you received in high school	A note-taker	☐
	Extra time on tests/assignments	☐
	Audiobooks	☐
	Electronic textbooks read to me using a computer	☐
	Tape recorder	☐

	A reader	☐
	Someone writing for me during tests	☐
	Personal Care Attendant	☐
	None	☐
	Assistive Technology:	☐
	Please describe:	
	Other Accommodations:	☐
	Please describe:	

Was the student referred to benefits counseling prior to exiting high school?	Yes	☐
	No	☐

Part 5: Contact Information After Leaving High School

Student Information					
Home Phone:	()	Cell Phone:	()		
Email address:					
Street address:					
City:		State:		Zip Code:	
Primary contact other than student					
Last Name:					
First Name:					
Relationship to Student:					
Home Phone:	()	Cell Phone:	()		
Email address:					
Street Address:					
City:		State:		Zip Code:	

Person Conducting Interview		
Last Name:		
First Name:		
Phone:	()	Email address:

		Check only ONE option
Primary Role of Interviewer	Teacher	☐
	Administrator	☐

	Transition personnel	☐
	Paraprofessional/Education Assistant	☐
	School psychologist	☐
	School counselor	☐
	Other - Please describe:	☐

We have enclosed a copy of this document for you to share with your parents. We also will place a copy in our records. If you have questions concerning this document, please contact:

First & Last Name:	
Phone:	()
Email Address:	

If you have questions about this form, please contact your regional PaTTAN consultant:

PaTTAN Central: Matt Flanagan, mflanagan@pattan.net
PaTTAN East: Lisa Russo, lrusso@pattankop.net
PaTTAN West: Hillary Mangis, hmangis@pattanpgh.net

If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.