**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

***To be used for MP4S Exit Cohort 5 during 2024-2025***

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: | ***S*elect 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)**

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| --- | --- | --- |
| **ACADEMIC ACHIEVEMENT**  (If appropriate) | **ACCOMMODATIONS** | **RECOMMENDATIONS** |
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| --- | --- | --- |
| **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 employment 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** | **☐** |

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| --- | --- | --- |
| **INDEPENDENT LIVING** | | **Check only ONE option** |
| **What independent living 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 | **☐** |

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| **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: | |

**Part 5: Contact Information After Leaving High School**

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| --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:mflanagan@pattan.net)   
PaTTAN East: Lisa Russo, [lrusso@pattankop.net](mailto:lrusso@pattankop.net)   
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If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.