



Summary Report of Students Academic Achievement and Functional Performance

Student's Name: _____ District: _____ Birth Date: _____

Purpose of Report: _____ Graduating _____ Exceeds the age of eligibility/aging out of program

Student's Primary Disability _____ 504 Plan? _____

Summary of Academic Performance: (Indicate test scores applicable to disability, testing dates and instruments used) _____

Specific Areas of Academic Strength: _____

Summary of Student Functional Performance/Job Experience: _____

Modifications/Accommodations Needed for Success in General Education Curriculum:

- Extended Time Calculator Note Taker Test Read
- Tutor Tape Recorder Books on Tape Quiet Area
- Planner/Organizer Assistive Technology Behavior Plan Other

Student's Post Secondary Goals (from last IEP dated: _____)

1. Career/Employment: As an adult, what kind of work do you want to do? _____

2. Post-Secondary Education/Training: After high school, what additional education and training do you want? _____

3. Adult Living: As an adult, where do you want to live? _____

4. Community Participation: As an adult, what hobbies/activities do you want to have? _____

Supports/Recommendations to Assist Student in Meeting Post-Secondary Goals:

- MRS -Employment Michigan Works - Employment/Training
- CMH (Community Mental Health) Housing Services
- Disability Services -College Supports Brochure of Agencies/Resources
- SSI (Social Security Office) Ongoing Medical Treatment

Additional Suggestions for Student Success (attach documentation if needed): _____

Student was asked to complete student perspective summary of performance on: _____

Signature/Title: _____ Date: _____