

Summary of Performance Document (SOP)

Demographic Background Information		
Student Name:	Date of SOP:	Date of Birth:
Student ID:	Year in School:	Graduation Date:
Address:		
Home Phone:	Cell Phone:	Alternative Phone:
Email address:		
Course of Study:		
Transition Assessment Information		
(include information from informal and formal transition assessments here)		
Formal Assessments (include information from academic/psychological/adaptive behavior/vocational assessments):		
Informal Assessments (include information from dream sheets, parent/teacher/student interviews, ecological observations, task analysis, etc.):		
•		
Post-School Goals		
(include appropriate measurable post-school goals in the areas of employment, education, and independent living [if applicable] from student's most recent transition plan)		
Employment Goal:	•	
Education Goal:	•	
Independent Living Goal (if applicable):	•	
Summary of Academic Performance		
(include student's present level of academic achievement and functional performance [PLAAFP], accommodations, and modifications required to be successful in school)		
Summary of Academic Performance:	•	
Summary of Functional Performance:	•	
Accommodations:	(attach "Review of Accommodations Used During Testing" form; include accommodations if form is not attached)	
	•	
Modifications:	•	

Assistive Technology (AT)			
(include assistive technology devices essential to the student’s success in postsecondary settings; circle whether the device(s) is for academic and/or functional performance; include N/A if AT is not required)			
AT Device:	•	Academic	Functional
	•	Academic	Functional
	•	Academic	Functional
Recommendations			
(include recommendations to assist the student in meeting postsecondary goals, including suggestions for accommodations, assistive technology devices, assistive services, compensatory strategies, and support services to enhance success in post-school setting)			
•			
Student Input			
(provide student comments and information regarding development of the SOP)			
•			
Completed SOP Checklist Attached (p. 3)			
Yes No			

Note: SOP document developed by Valerie L. Mazzotti and Sharon Richter for the North Carolina Department of Public Instruction.

******A Reminder about how the SOP helps with the Post-School Outcomes Survey:**

This SOP will help us contact you after you graduate from high school. We want to learn from former students how we can make high school transition services better in North Carolina. One year after you leave high school, we will contact you to take a survey about what you are doing after high school. It’s quick, easy and important!

Summary of Performance Checklist

IDEA 2004 requires that, “for a child whose eligibility terminates due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law the public agency must provide 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 postsecondary goals [300.305(e)(3)].”

Questions	Complete	Incomplete
1. Document includes all relevant demographic background information about student? <ul style="list-style-type: none"> Name, date of birth, contact information, time to graduation 	Y	N
2. Are there formal and informal transition assessment reports that clearly document the student’s disability and functional limitation attached?	Y	N
3. Is there an appropriate measurable postsecondary goal(s) in the area of employment from the student’s most recent transition plan?	Y	N
4. Is there an appropriate measurable postsecondary goal(s) in the area of education from the student’s most recent transition plan?	Y	N
5. If appropriate, is there an appropriate measurable postsecondary goal(s) in the area of independent living from the student’s most recent transition plan?	Y	N
6. Is there a summary of academic achievement? <ul style="list-style-type: none"> Including present level of performance, accommodations, and modifications 	Y	N
7. Is there a summary of functional performance? <ul style="list-style-type: none"> Including present level of performance, accommodations, and modifications 	Y	N
8. Are assistive technology devices essential to the student’s success in postsecondary settings included? <ul style="list-style-type: none"> Identify whether the device(s) is for academic, cognitive, and/or functional performance 	Y	N
9. Are there recommendations to assist the student in meeting postsecondary goals? <ul style="list-style-type: none"> Include suggestions for accommodations, assistive technology devices, assistive services, compensatory strategies, and support services to enhance success in postsecondary setting 	Y	N
10. Has the student provided input and information regarding development of the summary of performance?	Y	N
Does the SOP meet the requirements of IDEA (2004)? Yes (each item is circled Y) or No (one or more Ns circled)	Y	N
Was the student reminded that the SOP will help with the PSO Survey?	Y	N