



711 St. Joseph Avenue  
P.O. Box 364  
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(269) 471-7725  
(269) 471-2941 (fax)  
Updated 4/22/13

## SUMMARY OF PERFORMANCE

Student's Name:			
Date of Birth:		School District:	
Completed by:		Date of Completion:	
This student is expected to:		Anticipated Exit Date:	

### Summary of Academic Achievement\*\* (Required)

Strengths:

Academic Assessments (state/district assessments, vocational/transitional assessments, college entrance examinations, results of most recent special education evaluation):

MME Date		MME Score	
MI-ACCESS Date		MI-ACCESS Score	
ACT Date		ACT Score	
Work Keys Date		Work Keys Score	
"Other" Date:		"Other" Score:	

Accommodations/  
Modifications/Assistive  
Technology  
used to achieve  
success in high school:

**Summary of Functional Performance \*\***

Required

Identify each item on a scale of 1-5 (1=Total Assistance...5=Independent).

Follows schedule/Directions	<input type="text"/>	Organizes work space	<input type="text"/>
Seeks clarification/help	<input type="text"/>	Flexible	<input type="text"/>
Follows set schedule	<input type="text"/>	Manages time well	<input type="text"/>
Works well alone	<input type="text"/>	Organizes appointments	<input type="text"/>
Communicates clearly (Verbally expresses self well)	<input type="text"/>	Takes initiative	<input type="text"/>
Communicates needs (Gestures, visuals, devices,...)	<input type="text"/>	Trustworthy	<input type="text"/>
On time	<input type="text"/>	Can state strengths/ needs	<input type="text"/>
Social skills	<input type="text"/>	Hygiene	<input type="text"/>
Works well in group	<input type="text"/>	Personal Safety (Stranger danger, making wise decisions)	<input type="text"/>
Respects confidentiality	<input type="text"/>	Navigating Community	<input type="text"/>
Self Care (Knowing when to take meds, makes healthy choices...)	<input type="text"/>	Money Awareness	<input type="text"/>

Additional  
Comments:

Vocational/Extra  
Curricular  
Accomplishments:

**Student's Post-Secondary Goals/Recommendations to assist the Student**

Required\*\*

See attached IEP dated:

**Career/Employment:**

As an adult, what kind of work do you want to do?

Needed Supports & Accommodations/Conditions for Access/Progress:

**Post-Secondary Education/Training:**

After high school, what additional education/training do you want?

Needed Supports & Accommodations/Conditions for Access/Progress:

**Adult Living:**

As an adult, where do you want to live?

Needed Supports & Accommodations/Conditions for Access/Progress:

**Community Participation:**

As an adult, what hobbies/activities do you want to have?

Needed Supports & Accommodations/Conditions for Access/Progress:

**Community Agency/Services Involvement  
(Optional)**

Michigan Rehabilitative Services (MRS)  
Contact person and phone number:

Community Mental Health (CMH)  
Contact person and phone number:

Disability Network/Center for Independent Living  
Contact person and phone number:

Other  
Contact person and phone number:

No Involvement

**Social/Emotional/Behavioral  
(Optional)**

Conditions that  
cause stress/  
Barriers to  
Success:

**Physical/Health Diagnosis  
(Optional)**

Diagnosis

By Whom:

Date:

Diagnosis

By Whom:

Date:

Diagnosis

By Whom:

Date:

Physician Statement attached

**Student or Parent/Guardian Signature:  
(Required)**

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Date on which student received a copy of the Summary of Performance:

*\*\*The IDEA describes an SOP as "a summary of performance of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the post-secondary goals" [20 U.S.C. 1414(c)(5)(b)]. The summary should include information such as student strengths, assessment and evaluation results, and other data; in addition to recommendations for assisting the student in meeting their postsecondary goals such as potential supports and/or accommodations.*