



SUMMARY OF PERFORMANCE

The Summary of Performance (SOP) is a personalized resource for students. You can use the information contained in this document to support you in achieving your goals after leaving high school.

- The SOP should contain your strengths, needs, and goals, as well as the recommendations made by the school to assist you in achieving your goals.
- The purpose of the SOP for you to compile important information you can communicate to schools and agencies to help make you eligible to receive accommodations and support after you leave LAUSD, such as in the college or work environment.
- The SOP can also serve as a guide for gaining support in your community as you continue to pursue education/training, employment, and skills for independent living. For example, if you need help finding a job, an agency that can help is listed in this document.
- As you transition from school to college and/or employment, it is important to know your rights to accommodations change. For example, you can get extra support in a college or career program but you need request it and be eligible for services.
- An LAUSD staff member from the Division of Special Education will contact you next year to ask about your progress related to the goals listed in this Summary of Performance.

SECTION I. STUDENT INFORMATION

Student Name		Date of Birth		Today's Date	
Address				City	
State		Zip		Telephone	
Additional Phone Contact		Student Disability		Student Primary Language	
Current School		School Telephone Number			
Post School Contact	District Office of Transition Services, (213) 241-8050				
To obtain a copy of transcripts, contact: http://achieve.lausd.net/transcripts 323-224-5950			To obtain a copy of special education documentation, contact: 213-241-6701		



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

ATTACHMENT B

SUMMARY OF PERFORMANCE

SECTION II. POSTSECONDARY GOALS from ITP (one year after leaving school)

Education/ Training	My Goal:
Employment	My Goal:
Independent Living	My Goal:

Who will be a support for you after leaving high school? Family, friends, teachers, community members, etc.



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SECTION II. POSTSECONDARY GOALS from ITP (CONTINUED)

Community Agency Contacts and Supports for Postsecondary Goals

Agency	Person(s) to Contact	Service(s) Provided	Contact Information
Community or local resource the student is likely to contact	Name and/or title of person student could contact	Services the agency might provide after graduation	Phone number, address, e-mail
High School (Former):			
Health and Family Services:			
Employment Agency:			
Independent Living Agency:			
Institute of Higher Education:			
Other (specify):			
Other (specify):			



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SECTION III. STUDENT PERSPECTIVE

A.	What activities have you participated in during high school? Include community activities (Clubs, sports, work experiences, volunteer experiences, etc.)
B.	What are your strengths? What do you do well?
C.	Describe the environment where you learn best. Do you need quiet or prefer noise? Do you sit still or need to move? Etc.
D.	What would be good to communicate to professors or employers about how you perform best? What might be your needs in the education and employment environments?



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SECTION III. STUDENT PERSPECTIVE (CONTINUED)

E.	How does your disability impact you in the following areas?	
	Learning	
	Communication	
	Mobility/Transportation	
	Employment	
	Relationships	
	Leisure Activity	

F.	In the past, what supports have been tried by teachers or by you to help you succeed in school (e.g., instructional accommodations, adaptive equipment, physical accommodations, other services)?	

G.	Which of these supports have worked best for you?	



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SECTION IV. SCHOOL PERSPECTIVE ON IMPACT OF DISABILITY

Skill Area	Performance Level (strengths, needs)
Academic Areas	
Reading (basic reading/decoding, reading comprehension, reading speed)	
Math (calculation skills, algebraic problem solving, quantitative reasoning)	
Other Academic Subjects (science, social studies, arts, etc.)	
Language (written expression, speaking, spelling)	
Learning Skills (class preparation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)	
Cognitive Areas	
General Ability and Problem Solving (reasoning/processing)	
Communication (speech/language, assisted communication)	
Functional Areas	
Social Skills and Behavior (interactions with teachers/peers, levels of initiation in asking for assistance, degree of involvement in extracurricular activities, confidence and persistence as a leader)	
Independent Living Skills (self-care, leisure skills, personal safety, transportation, banking, budgeting)	
Career-Vocational/Transition/ Employment (career interest, career exploration, job training, employment experiences and supports)	



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SECTION IV. SCHOOL PERSPECTIVE ON IMPACT OF DISABILITY (CONTINUED)

RECOMMENDATIONS

(Supports provided in high school are different from those available in the workplace and college setting)

Accommodations Support	Response to Materials and Instruction
<input type="checkbox"/> Check for understanding <input type="checkbox"/> Offer choice of activities <input type="checkbox"/> Positive Behavior Support <input type="checkbox"/> Present one task at a time <input type="checkbox"/> Provide cues/prompt/reminders for rules/procedures <input type="checkbox"/> Provide intermittent support/fade support <input type="checkbox"/> Provide note-taking assistance <input type="checkbox"/> Provide progress reports <input type="checkbox"/> Repeat or rephrase instructions/directions <input type="checkbox"/> Supervision during unstructured time <input type="checkbox"/> Use of a scribe/word processor <input type="checkbox"/> Use of assignment notebook <input type="checkbox"/> Use of communication system <input type="checkbox"/> Use of computer on campus <input type="checkbox"/> Use of peer tutor/staff assistance in: <input type="checkbox"/> Modeling <input type="checkbox"/> Other:	<input type="checkbox"/> Differentiate projects or alternate assignments <input type="checkbox"/> Extend time on in-class assignment/task <input type="checkbox"/> Provide materials in sequential order <input type="checkbox"/> Provide open book for test/assignment <input type="checkbox"/> Reduce/shorten test/ assignment /task <input type="checkbox"/> Use of notes for test/assignments <input type="checkbox"/> Other: Presentation of Materials and Instruction <input type="checkbox"/> Audiobooks <input type="checkbox"/> Enlarge print <input type="checkbox"/> Give test questions orally <input type="checkbox"/> Modify assignments/tests to address identified needs <input type="checkbox"/> Preview of test/assignments <input type="checkbox"/> Provide closed caption <input type="checkbox"/> Use English Language Development materials <input type="checkbox"/> Use manipulative/study aides <input type="checkbox"/> Use of visuals aids: flash cards, maps, posters <input type="checkbox"/> Other:
Health Care	Settings
<input type="checkbox"/> Take medication(s) under supervision <input type="checkbox"/> Use a cue to be reminded to take medications <input type="checkbox"/> Other:	<input type="checkbox"/> Access a study carrel for task/assignment <input type="checkbox"/> Sit free from visual distractions <input type="checkbox"/> Use a quiet environment-free from excessive noise <input type="checkbox"/> Other:
Environmental Access and Mobility	
<input type="checkbox"/> Assistive devices/services: <input type="checkbox"/> Contact student upon arrival to destination <input type="checkbox"/> Encourage community participation <input type="checkbox"/> Provide address/phone/directions to community resource/business <input type="checkbox"/> Provide mobility support <input type="checkbox"/> Shadow during travel <input type="checkbox"/> Other:	



SUMMARY OF PERFORMANCE

**SECTION V. RECOMMENDATIONS TO ASSIST STUDENT IN MEETING
POSTSECONDARY GOALS**

<u>Education/Training Support Recommendations</u>

<u>Employment Support Recommendations</u>

<u>Independent Living Support Recommendations</u>

Contributors to this SOP

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