

# SUMMARY OF PERFORMANCE (SOP)

## Instructions

**Purpose:** The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. The language as stated in IDEA 2004 regarding the SOP is as follows:  
For a child whose eligibility under special education terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency “shall provide the child with 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” §Sec. 300.305(e)(3).

The Summary of Performance, with the accompanying documentation, is important to assist the student in the transition from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to help establish a student’s eligibility for reasonable accommodations and supports in *postsecondary* settings. It is also useful for the Vocational Rehabilitation Comprehensive Assessment process. The information about students' current level of functioning is intended to help postsecondary institutions consider accommodations for access. *These recommendations should not imply that any individual who qualified for special education in high school will automatically qualify for services in the postsecondary education or the employment setting. Postsecondary settings will continue to make eligibility decisions on a case-by-case basis.*

The SOP is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document.

The SOP **must** be completed during the final year of a student’s high school education. The timing of completion of the SOP may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer the most updated information on the performance of the student.

**Part 1: Background Information** – Complete this section as specified. Please note this section also requests that you attach copies of the **most recent** formal and informal assessment reports that document the student’s disability or functional limitations and provide information to assist in post-high school planning.

**Part 2: Student’s Postsecondary Goals** – These goals should indicate the post-school environment(s) the student intends to transition to upon completion of high school.

**Part 3: Summary of Performance** – This section includes three critical areas: Academic, Cognitive and Functional levels of performance. Next to each specified area, please complete the student’s present level of performance and the accommodations, modifications and assistive technology that were **essential** in high school to assist the student in achieving progress. Please leave blank any section that is not applicable.

An **Accommodation** is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note-taker or permission to take class notes on a laptop computer. An accommodation *does not change the content* of what is being taught or the expectation that the student meet a performance standard applied for all students. A **Modification** is defined as a change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed. Modifications are not allowed in most postsecondary education environments. **Assistive Technology** is defined as any device that helps a student with a disability function in a given environment, but does not limit the device to expensive or “high-tech” options. Assistive technology can also include simple devices such as laminated pictures for communication, removable highlighter tapes, velcro and other “low-tech” devices.

The completion of this section may require the input from a number of school personnel including the special education teacher, regular education teacher, school psychologist or related services personnel. It is recommended, however, that one individual from the IEP Team be responsible for gathering and organizing the information required on the SOP.

**Part 4: Recommendations to assist the student in meeting postsecondary goals** – This section should present suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services, to enhance access in a post-high school environment, including higher education, training, employment, independent living and/or community participation.

**Part 5: Student Input (Highly Recommended).** It is highly recommended that this section be completed and that the student provide information related to this Summary of Performance. The student’s contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, (c) postsecondary personnel to more clearly understand the student’s strengths and the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview

## NATIONALLY RATIFIED SUMMARY OF PERFORMANCE MODEL TEMPLATE

This template was developed by the National Transition Documentation Summit © 2005 based on the initial work of Stan Shaw, Carol Kochhar-Bryant, Margo Izzo, Ken Benedict, and David Parker. It reflects the contributions and suggestions of numerous stakeholders in professional organizations, school districts and universities particularly the Connecticut Interagency Transition Task Force. It is available to be freely copied or adapted for educational purposes. The model template has been formally ratified by the Council for Exceptional Children (CEC) as well as several of its divisions including the Division on Career Development and Transition (DCDT), Division on Learning Disabilities (DLD), and Council on Educational Diagnostic Services (CEDS), Learning Disability Association (LDA), the Higher Education Consortium for Special Education (HECSE), and the Council for Learning Disabilities (CLD).

### Part 1: Background Information

|   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <b>Student Name:</b> _____  | <b>Date of Birth:</b> _____    | <b>Year of Graduation/Exit:</b> _____ |
| <b>Address:</b> _____   |                                |                                       |
| (Street)  | (Town, state)                  | (Zip code)                            |
| <b>Telephone Number:</b> _____  | <b>Primary Language:</b> _____ |                                       |
| <b>Current School:</b> _____  | <b>City:</b> _____             |                                       |
| <b>Student's primary disability (Diagnosis):</b> _____  |                                |                                       |
| <b>Student's secondary disability (Diagnosis), if applicable:</b> _____   |                                |                                       |
| <b>When was the student's disability (or disabilities) formally diagnosed?</b> _____  |                                |                                       |
| <b>If English is not the student's primary language, what services were provided for this student as an English language learner?</b> |                                |                                       |
| _____   |                                |                                       |
| <b>Date of most recent IEP or most recent 504 plan:</b> _____ <b>Date this Summary was completed:</b> _____                           |                                |                                       |
| <b>This form was completed by: Name:</b> _____ <b>Title:</b> _____  |                                |                                       |
| <b>School:</b> _____  | <b>E-mail:</b> _____           | <b>Telephone Number:</b> _____        |

**Please check and include the most recent copy of assessment reports that you are attaching that diagnose and clearly identify the student's disability or functional limitations and/or that will assist in postsecondary planning:**

- |  |  |
|--|--|
| <input type="checkbox"/> Psychological/cognitive     | <input type="checkbox"/> Response to Intervention (RTI)                |
| <input type="checkbox"/> Neuropsychological          | <input type="checkbox"/> Language proficiency assessments              |
| <input type="checkbox"/> Medical/physical            | <input type="checkbox"/> Reading assessments                           |
| <input type="checkbox"/> Achievement/academics       | <input type="checkbox"/> Communication                                 |
| <input type="checkbox"/> Adaptive behavior           | <input type="checkbox"/> Behavioral analysis                           |
| <input type="checkbox"/> Social/interpersonal skills | <input type="checkbox"/> Classroom observations (or in other settings) |
| <input type="checkbox"/> Community-based assessment  | <input type="checkbox"/> Career/vocational or transition assessment    |
| <input type="checkbox"/> Self-determination          | <input type="checkbox"/> Assistive technology                          |
| <input type="checkbox"/> Informal assessment: _____  |  |
| <input type="checkbox"/> Informal assessment: _____  |  |
| <input type="checkbox"/> Other: _____                |  |

### **Part 2 – Student's Postsecondary Goal(s)**

1.

2.

3.

If employment is the primary goal, the top three job interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 3 – Summary of Performance (Complete all that are relevant to the student).**

| <b>ACADEMIC<br/>CONTENT AREA</b>   | <b>Present Level of Performance</b><br>(grade level, standard scores, strengths,<br>needs) | <b><u>Essential</u> accommodations,<br/>assistive technology, or modifications utilized in high<br/>school, and why needed.</b>   |
|--|--|---|
| <b>Reading</b> (Basic reading/decoding; reading comprehension; reading speed)  |  |   |
| <b>Math</b> (Calculation skills, algebraic problem solving; quantitative reasoning)  |  |   |
| <b>Language</b> (written expression, speaking, spelling)   |  |   |
| <b>Learning Skills</b> (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills) |  |   |
| <b>COGNITIVE<br/>AREAS</b>   | <b>Present Level of Performance</b><br>(Grade level, standard scores, strengths,<br>needs) | <b><u>Essential</u> accommodations,<br/>modifications and/or assistive technology utilized in high<br/>school and why needed.</b> |
| <b>General Ability and<br/>Problem Solving</b><br>(reasoning/processing)   |  |   |
| <b>Attention and<br/>Executive Functioning</b><br>(energy level, sustained attention, memory functions, processing speed, impulse control, activity level)   |  |   |

|   |  |   |
|---|--|---|
| <b>Communication</b><br>(speech/language,<br>assisted communication)  |  |   |
| <b>FUNCTIONAL AREAS</b>   | <b>Present Level of Performance</b><br>(strengths and needs) | <u><b>Essential accommodations/</b></u><br><b>modifications and/or assistive technology utilized in high school and why needed.</b> |
| <b>Social Skills and Behavior</b> (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extra-curricular activities, confidence and persistence as a learner,) |  |   |
| <b>Independent Living Skills</b> (Self-care, leisure skills, personal safety, transportation, banking, budgeting)   |  |   |
| <b>Environmental Access/Mobility</b><br>(assistive technology, mobility, transportation)  |  |   |
| <b>Self-Determination /Self-Advocacy Skills</b><br>(Ability to identify and articulate postsecondary goals, learning strengths and needs;   |  |   |
| <b>Career-Vocational/Transition/ Employment</b> (Career   |  |   |

|  |  |  |
|--|--|--|
| interests, career exploration, job training, employment experiences and supports)  |  |  |
| <b>Additional important considerations</b> that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance) |  |  |

#### **Part 4 – Recommendations to assist the student in meeting postsecondary goals**

Suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services, to enhance access in the following post-high school environments (only complete those relevant to the student’s postsecondary goals).

|  |  |
|--|--|
| <b>Higher Education or Career-Technical Education:</b> |  |
| <b>Employment:</b>                                     |  |
| <b>Independent living:</b>                             |  |
| <b>Community participation:</b>                        |  |

#### **Part 5 – Student Input (Highly Recommended)**

**SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE**

- A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?
  
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?
  
- C. Which of these accommodations and supports has worked best for you?
  
- D. Which of these accommodations and supports have not worked?
  
- E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

I have reviewed and agree with the content of this Summary of Performance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_