

OP-8 Summary of Performance (Optional Form)

District Name

Child's Name:

Student ID:

Grade:

Date of Meeting:

Date of Implementation:

Anticipated Exit Date:

Case Manager:

1. Summary of Student's Academic Achievement and Functional Performance:

2. Student's Post-secondary Goals (from IEP):

3. Recommendations to Assist Student in Meeting Post-secondary Goals:

Name

Title

Phone

School

Date

4. Student Input: Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)

A. How, or in which areas, does your disability affect your school work and school activities? Activities such as: grades, relationships, assignments, projects, communications, time on tests, mobility, or extra-curricular activities. Please describe how these areas are affected, both positive and negative.

B. What supports or accommodations have helped you succeed in school? Supports such as: adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instructions, or other supports. Please explain.

C. What supports or accommodations do you feel you will need to achieve your goals after high school?

D. If you believe you will need services, supports, programs or accommodations, have you and your family made connections with adult agencies that can help you meet these needs.

Student Signature

Date

This form is used to:

1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 614(c)(5)(B)(ii).

The Summary of Performance:

- a) Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and
 - b) Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22nd birthday) to assist them in meeting their post-secondary goals.
2. IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. ODE recommends that school districts provide a Summary of Performance for these students also.

Directions:

1. Enter student's name, date of birth and student ID number.
2. Enter attending school and name of case manager or Intervention Specialist.
3. Enter anticipated exit date. The exit date should be the same as the exit date information on the student's IEP.
4. Write a summary of the student's academic achievement and functional performance. This statement may include:
 - *How the student's disability has affected the student's academic achievement and functional performance;
 - The student's academic and functional strengths;
 - *The results of the student's most recent state or district assessments;
 - The results of any college entrance examinations (e.g. SAT, ACT);
 - *The results of the most recent special education evaluation of the student;
 - *A description of any other relevant documents the student earned in high school;
 - Any honors or special awards the student achieved in high school; and
 - Any vocational or extracurricular accomplishments of the student.
5. List the student's post-secondary goals from the student's most current IEP.
6. Write any recommendations for assisting student in meeting the student's post-secondary goals after the student exits from K-12 education. These recommendations may include:
 - Recommendations for accommodating the student's disability in the workplace or post-secondary education setting; and
 - Recommendations for assisting the student to achieve the student's post-secondary goal(s).
7. Enter name and title of teacher or provider completing summary, the name of the school and school district, and a contact phone number for the teacher or provider, and the date of completion of this document.



North Central Ohio ESC, Tiffin Campus
928 W. Market St., Suite A
Tiffin, OH 44883
Phone: 419-447-2927
Fax: 419-447-2825

North Central Ohio ESC, Marion Campus
333 E.Center Street
Marion, OH 43302
Phone: 740-387-6625
Fax: 740-383-4804

REQUIRED
SUMMARY OF PERFORMANCE (SOP)
TRANSITION SUMMARY FOR GRADUATING SPECIAL NEEDS STUDENTS

Student Name: _____ Date of Birth: _____

High School: _____ Credits Needed for Graduation: _____

Credits Earned: _____ as of _____ Currently Earning: _____ Credits

On track for graduation this school year.

If not, student is in danger of failing: _____

Most Recent IEP/504 Plan: _____ Most Recent Evaluation: _____

Primary Disability: _____

Primary Language: _____

Proficiency/OGT Results: P=passed E=Exempted from Consequences
Reading ___ Writing ___ Citizenship ___ Science ___ Math ___

Student Strengths:

Academic Skills (Reading, Writing, Math):

Blank lines for student strengths - Academic Skills

Social Skills (Communication, Self Advocacy, Interpersonal):

Blank lines for student strengths - Social Skills

Miscellaneous (Including Job History if Known):

Blank lines for student strengths - Miscellaneous

Student Weaknesses:

Academic Skills (Reading, Writing, Math):

Blank lines for student weaknesses - Academic Skills

Social Skills (Communication, Self Advocacy, Interpersonal):

Blank lines for student weaknesses - Social Skills

Miscellaneous (Including Job History if Known):

Blank lines for student weaknesses - Miscellaneous

Support Services/Accommodations Essential for Success in High School:

Blank lines for support services/accommodations

Summary of Student's Postsecondary Goal(s) (may relate to education, employment, living)

- 1.
2.
3.

Please Circle ALL that Apply as Shared by Student and/or Parent:

Currently Employed Where _____ Hours _____
 Seeking Employment Where _____
 Post Secondary Education: Tech School/College Applied: Yes/No Accepted: Yes/No
 Joining Military: Army Navy Marines Coast Guard

Independent Living Plans After Grad:
 Home w/parents Apartment Group Home
 College Housing Other _____

Outside Agency Involvement as Shared by Student and/or Parent:

Agency/Service	NA	Current Client	Needs Referred	Agency/Service	NA	Current Client	Needs Referred
BVR				MRDD Board			
Social Security				Job & Family SVS			
College-Office of Spec. Needs							

Team Recommendations:

- _____ Student/Parent provided with copies of:
1. PR-01 Prior Written Notice Form
 2. Whose IDEA is This? (Procedural Safeguards)
 3. Summary of Performance
 4. Most Current IEP
 5. Most Current Evaluation Team Report

NOTE: Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. The purpose of the SOP is to assist students with special needs as they transition from the high school setting to a postsecondary setting. It should not be assumed that students who received services in high school will automatically receive services in a post secondary setting. However, this document may assist the student as they work with possible outside agencies to achieve their post secondary goals.

Date Completed: _____

Teacher: _____

Parent/Student (18): _____

District Representative: _____