SUMMARY OF PERFORMANCE

Department of Special Education Lincoln Public Schools

Purpose: This form is intended to provide the student with useful information for the transition from high school to adult living, higher education, training, and/or employment. This form may be used as a supplement to other educational records (such as the MDT and IEP) that should be provided to the student upon exit.

| Student Name: | Date of Birth: | Date: |
|--|---------------------------------|-------------------------------------|
| School/District: | Date of Exit: | |
| Accomplishments related to post-secondary expectations: (Ecommunity and extra-curricular activities, awards and recognition | | work experiences, participation in |
| | | |
| | | |
| Student's current levels of academic achievement and functic classes – can use a calculator, manage a checking account, etc.) | onal performance: (Example: | Student completed general math |
| | | |
| | | |
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| Supports and services recommended to assist the student in need assistance with budgeting and bill paying to live independent classes at the college level. Student will learn best at the worksing Daily/Independent Living | ently. Student will need a note | taker and extended time on tests in |
| | | |
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| | | |
| Instruction | | |
| | | |
| | | |
| | | |
| Development of Employment | | |
| | | |
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Adult Agency/Community Contacts:

| Agency: | | Status o | f referral: | |
|--|----------|------------------|-------------|--|
| Name/Position: | Phone: _ | | E-mail: | |
| Agency: | | Status o | f referral: | |
| Name/Position: | Phone: _ | | E-mail: | |
| Agency: | | Status o | f referral: | |
| Name/Position: | Phone: | | E-mail: | |
| Agency: | | Status o | f referral: | |
| Name/Position: | Phone: _ | | E-mail: | |
| High School Contact: | | | | |
| Name/Position: | Phone: _ | | E-mail: | |
| Name/Position: | Phone: _ | | E-mail: | |
| Team members contributing to this summary: | | | | |
| Student: | | Parent(s): | | |
| Name/Position: | | Name/Position: _ | | |
| Name/Position: | | Name/Position: _ | | |
| Copies to: | | | | |
| ☐ Student ☐ Parents ☐ School ☐ Other: | | | | |