



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

J.E. HALL EDUCATIONAL SERVICES CENTER
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<http://escambiaschools.org>

SUMMARY OF PERFORMANCE

SECTION I. STUDENT INFORMATION

Student: _____
(legal name) Last First Middle
Student #: _____ DOB: _____ Notification Date: _____
Parent(s): _____ Phone: _____

SECTION II. SUMMARY OF ACADEMIC ACHIEVEMENT

Provide a summary of the student's current levels of academic achievement (reading, math, spelling, language, and/or learning skills). Include grade levels, skill mastery, GPA, strengths and need for assistance. Data may be obtained from transcripts, report cards, reports of standardized test results, and reports of progress toward meeting IEP goals. For students entering post-secondary programs, include VR reports, assessments and supports needed.

SECTION III. SUMMARY OF FUNCTIONAL PERFORMANCE

Indicate the student's current level of functional performance as a strength or need for assistance. Strength indicates that the student is functioning independently with no assistance. If the student has a need for assistance, list the current accommodations, modifications and/or assistive technology essential in assisting the student in achieving progress in the following areas:

Career-Vocational/Transition/Employment _____Strength _____Need for Assistance
(Career interest, career exploration, job training, employment experiences, workplace adaptability, and supports)

Accommodations/Modifications/Comments: _____

Environmental Access/Mobility _____Strength _____Need for Assistance
(Assistive technology, mobility, transportation)

Accommodations/Modifications/Comments: _____

Independent Living Skills _____Strength _____Need for Assistance (Self-care, leisure skills, personal safety, transportation, banking, budgeting)

Accommodations/Modifications/Comments: _____

Self-Determination/Self Advocacy Skills _____Strength _____Need for Assistance
(Ability to identify and articulate postsecondary goals, learning strengths and needs)

Accommodations/Modifications/Comments: _____

SUMMARY OF PERFORMANCE (cont.)

Student: _____ Student #: _____

Social Skills and Behavior _____Strength _____Need for Assistance
(Interaction 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)

Accommodations/Modifications/Comments: _____

Communication Skills: _____Strength _____Need for Assistance
(Method of Communication: Verbal, Nonverbal, Writing, Listening, Assistive Technology, etc.)

Accommodations/Modifications/Comments: _____

Additional Considerations (medical, family, other): _____

SECTION IV. RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POST-SECONDARY GOALS

Based on the academic achievement and functional performance needs, list the essential accommodations, adaptive devices, assistive services, and support services that will provide access in the following post-high school environments (only complete those relevant to the student's postsecondary goal(s)/vision statement)

Higher Education or Career-Technical Education: _____

Employment/ Military: _____

Independent Living: _____

Community Participation: _____

This form was completed by: _____ **Date:** _____

School: _____ **Telephone:** _____

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

Student Signature: _____ **Date:** _____