



## **ASEC Alert**

**January 11, 2008**

Requirements for those working with Seniors! Attached is a form to help document the required summary of performance. The form is also available at [www.asec.net](http://www.asec.net) in the new information section or the ASEC forms section. The PDF file allows you to type in the information but is unable to save- so you cannot work on it again later. Plan on completing and printing in one sitting. Questions? Gary, Colleen or Julie would be happy to help.

### **Summary of Performance (SOP)**

(To be completed at exit prior to graduation or aging out)

The Summary of Performance 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 and/or developmental disabilities.

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" 20 USC 1414(c) (5) (B) (ii).

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

**ASEC Summary of Performance (SOP)**  
(To be completed at exit, prior to graduation or aging out)

The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004.

The Summary of Performance **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 and/or developmental disabilities. The Summary of Performance is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document.

**Student Information:**

Student Name: \_\_\_\_\_ Final Case manager: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Primary Disability: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State) (Zip code)

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Attending School/District: \_\_\_\_\_ Year of Graduation/exit: \_\_\_\_\_

**Students Post-secondary Goals** – This section should be completed with the student using information from the present IEP/IIIP. Unless plans have changed since the development of the most recent IEP/IIIP, the post secondary goals may be used.

<b>Employment:</b>	
<b>Education:</b>	
<b>Home/Independent Living:</b>	
<b>Community/Recreation and Leisure:</b>	

**Academic Achievements: BST/MCA Scores and Date Passed**

**Writing:** \_\_\_\_\_ **Math:** \_\_\_\_\_ **Reading:** \_\_\_\_\_

**Effective Accommodations:** (a support or service that is provided to help a student fully access the general education curriculum or subject matter, does NOT change the content of what is being taught or the expectations that the student meet a performance standard applied for all students)

**Assistive Technology:** *(any device that helps a student with a disability function in a given environment)*

**Adult/Community Contacts:** *(coordination with outside agencies/personnel)*

Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Self Advocacy Statement:** *(to be completed by student)*

**1. My disability is:**

**2. I need these accommodations:**

**3. My learning style is:**

**4. I know I can succeed when:**

**5. I would like people to know that:**

Date completed: \_\_\_\_\_

Completed by: \_\_\_\_\_