

SF-8B Summary of Performance Packet

The Summary of Performance (SoP) is used to:

1. Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 14(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. DEW recommends that school districts provide a Summary of Performance for these students also.

Date Summary was Completed: _____

BACKGROUND INFORMATION

Student's Name: _____ Date of Birth: _____

Address: _____ Telephone Number: _____

Primary Language: _____

Primary Mode of Communication: _____

Is this student his/her own legal guardian? ☐ YES ☐ NO

If no, name/relationship of guardian: _____

If yes, does student have a supported decision-making agreement? ☐ YES ☐ NO

Is student currently in foster care placement? ☐ YES ☐ NO

Assessment Reports: Check and attach the most recent copy of assessment reports that clearly identify the student's disability or functional limitations and that will assist in postsecondary planning.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Psychological/cognitive | <input type="checkbox"/> Functional Behavior Assessment | <input type="checkbox"/> Behavior Intervention Plan | |
| <input type="checkbox"/> Neuropsychological | <input type="checkbox"/> Language/proficiency | <input type="checkbox"/> Social/interpersonal skills | <input type="checkbox"/> Classroom observations |
| <input type="checkbox"/> Medical/physical | <input type="checkbox"/> Reading assessments | <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Community-based assessment |
| <input type="checkbox"/> Achievement/academics | <input type="checkbox"/> Communication | <input type="checkbox"/> Self-determination | <input type="checkbox"/> Career/vocational assessment |

☐ Informal assessment (specify): _____

☐ Other (specify): _____

Form completed by:

Name: _____ Telephone Number: _____

School: _____ Title: _____

Email: _____

SF-8B Summary of Performance Packet

ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Date student was first found eligible for special education services in Ohio: _____

Date of student's most recent ETR: _____

Does the ETR include standardized IQ scores using an adult-normed assessment? ☐ YES ☐ NO

Does the ETR include standardized assessment completed by a board-certified psychologist? ☐ YES ☐ NO

According to most recent ETR, in which category was student found eligible for special education services (circle)?

Autism	Intellectual Disability	Deaf	Deaf-Blind
Emotional Disturbance	Hearing Impairment	Multiple Disability	
Other Health Impaired Minor/Major	Orthopedic Impairment	Speech or Language Impairment	
Specific Learning Disability	Traumatic Brain Injury	Visual Impairment	

SERVICES/SUPPORTS FROM AGENCIES OUTSIDE OF SCHOOL

Is the student currently receiving support from any of these outside agencies:

Board of Developmental Disabilities: ☐ YES ☐ NO

If yes, describe services the student receives

Department of Job and Family Services: ☐ YES ☐ NO

If yes, describe services the student receives

Mental Health Agency: ☐ YES ☐ NO

If yes, describe services the student receives

Vocational Rehabilitation Services: ☐ YES ☐ NO

If yes, describe services the student receives

Social Security Administration: ☐ YES ☐ NO

If yes, describe services the student receives

Other Agencies

SF-8B Summary of Performance Packet

SUMMARY OF ACADEMIC AND FUNCTIONAL PERFORMANCE

Academic Performance (e.g., reading, math, language, learning skills), please provide present level of performance, relevant services and supports

Functional Performance (e.g., social and behavior skills, independent living skills, environmental access/mobility, self-determination/self-advocacy), please provide present level of performance, relevant services and supports

Accommodations/modifications, services, and supports previously used and how they will apply in a postsecondary environment.

MEASURABLE POSTSECONDARY GOALS

List the student's measurable postsecondary goal(s) from the student's IEP.

Education and Training

Competitive Integrated Employment

Independent living, if applicable

Student's current top areas of interest related to employment

SF-8B Summary of Performance Packet

RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS

Given the information listed in the above sections, provide recommendations that the student may need to enhance access in the following post-high school environments.

Higher Education or Career/Technical Training

Independent living

Employment

Community Participation (e.g., clubs, groups, organizations)

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.)

1. What is your vision for a good life?

2. What should professionals know about your strengths as you enter the postsecondary education or work environment?

3. What should professionals know about your needs as you enter the postsecondary education or work environment?

4. Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)?

5. What does not work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.)

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

Student Signature: _____ Date: _____