



## Summary of Performance Packet

This Summary of Performance (SoP) Packet was created by the State Support Team Region 1 Regional Transition Council in an effort to facilitate an efficient, effective transition process that promotes interagency collaboration for students with disabilities who are graduating/aging out from school-age educational services. The documents are a compilation and, in some areas, an adaptation of various SoP forms and materials which are referenced in full at the end of the packet. The packet consists of a SoP form, guidance document, sample cover letter and resources page. Use of the documents within this packet is not mandatory to meet federal Summary of Performance requirements.

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# Summary of Performance (SoP) Form

## Part 1: Background Information

**Date this Summary was completed:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation/Exit: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_  
If English is not the student's primary language, what services were provided for this student as an English language learner? \_\_\_\_\_

Primary Mode of Communication: \_\_\_\_\_

Is the student his/her own legal guardian? Yes/No \_\_\_\_\_  
If no, name/relationship of guardian \_\_\_\_\_

Is the student currently in foster care placement? Yes/No \_\_\_\_\_  
If yes, expected date of release \_\_\_\_\_

This form was completed by: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
School: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**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"/> Response to Intervention (RTI) | <input type="checkbox"/> Adaptive behavior/FBA       | <input type="checkbox"/> Behavioral analysis          |
| <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 |
| <input type="checkbox"/> Informal assessment (specify): _____ |   |  |   |
| <input type="checkbox"/> Other (specify): _____               |   |  |   |

**Part 2: Information on Diagnosis of Disability**

On what date was the student first found eligible for special education services in the state of Ohio?

\_\_\_\_\_

What is the date of the student's most recent Evaluation Team Report (ETR)?

\_\_\_\_\_

Does the ETR include?

- Standardized IQ using an adult-normed assessment\* (i.e. Weschler Adult Intelligence Scales) Y/N
- Standardized assessment completed by a board-certified school psychologist\*? Y/N

\*Per the Ohio Department of Education, not a school requirement.

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

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

**Part 3: Services/Supports from Agencies Outside of the School**

Is the student currently receiving services/supports from outside agencies? Please complete table as appropriate.

<p><b>Board of Developmental Disabilities</b></p> <p>Applied for services? Y N</p> <p>Eligible for services? Y N</p> <p>Caseworker Y N</p> <p>Waiver Y N Type(s) _____</p> <p>Other _____</p>	<p><b>Department of Job and Family Services</b></p> <p>Applied for Medicaid? Y N</p> <p>Eligible for Medicaid? Y N</p> <p>Receiving Medicaid? Y N</p> <p>Other _____</p>
<p><b>Mental Health Agency</b></p> <p>Caseworker Y N</p> <p>Agency Name _____</p> <p>_____</p>	<p><b>Rehabilitation Services Commission (BVR/BSVI)</b></p> <p>Applied for services? Y N</p> <p>Eligible for services? Y N</p> <p>Caseworker Y N</p> <p>Other _____</p>
<p><b>Social Security Administration</b></p> <p>Applied for *SSI? Y N</p> <p>Receiving a monthly benefit based on your disability? Y N</p> <p>If yes, what type of benefit?</p> <p>___ *SSI (check comes on the first of the month)</p> <p>___ *DAC (check does not come on the first of the month - under a parent's SSN)</p> <p>___ *SSDI (check does not come on the first of the month - under your own SSN. This is not common.)</p> <p>Receiving a monthly benefit that is <u>not</u> based on your disability, such as a children's benefit under a deceased, disabled or retired parent's Social Security number? Y N</p> <p>If yes, explain: _____</p>	
<p><b>Other Agency Services/Supports:</b></p> <p>_____</p> <p>_____</p>	

- \*SSI = Supplemental Security Income
- \*DAC = Disabled Adult Child
- \*SSDI = Social Security Disability Income
- \*SSN = Social Security Number

#### Part 4: Measurable Postsecondary Goals

This section states the student's specific measurable postsecondary goal(s). A goal must be written for education and training, employment and, where appropriate, independent living. These can either be written as one combined goal or separate goals.

Postsecondary Goal Area	NA	Measurable Postsecondary Goal
Education and Training		
Employment		
Independent Living, where appropriate		

List the student's top three areas of interest related to employment

- 1.
- 2.
- 3.

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## Part 5: Summary of Performance

Complete all that areas that are relevant to the student.

Accommodations = Provide access to the course content but do not alter the amount or complexity of the information taught to the child. Accommodations include changes made in the way materials are presented or in the way children demonstrate learning, as well as changes in setting, timing, and scheduling, with the expectation that the child will reach the content standard set for all children.

Modifications = Alter the course content that will be taught to the child and the expectations for achievement of grade level indicators. Modifications will result in the child being taught something different or being taught the same information but with the complexity of the material significantly altered from that being taught to the child's same age and grade level peers.

Assistive Technology = Includes a device that is used to increase, maintain or improve the functional capabilities of a child with a disability and/or a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Includes any special equipment or technology that children may need to help them participate in school, including assessments, and the services required for assessment and implementation of these devices.

<b>ACADEMIC CONTENT AREA</b>	<b>Present Level of Performance</b> (grade level, standard scores, strengths, needs)	<b>Essential accommodations/modifications and/or assistive technology previously utilized in high school. Explain how these will apply in a postsecondary environment.</b>
<b>Reading</b> (Basic reading/decoding; reading comprehension; reading speed)		
<b>Math</b> (Calculation skills, algebraic problem solving; quantitative reasoning)		
<b>Language</b> (written expression, speaking, spelling)		
<b>Learning Skills</b> (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		

<b>COGNITIVE AREAS</b>	<b>Present Level of Performance</b> (grade level, standard scores, strengths, needs)	<u>Essential</u> accommodations/modifications and/or assistive technology previously utilized in high school. Explain how these will apply in a postsecondary environment.
<b>General Ability and Problem Solving</b> (reasoning/processing)		
<b>Attention and Executive Functioning</b> (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)		
<b>Communication</b> (speech/language, assisted communication)		
<b>FUNCTIONAL AREAS</b>	<b>Present Level of Performance</b> (grade level, standard scores, strengths, needs)	<u>Essential</u> accommodations/modifications and/or assistive technology previously utilized in high school. Explain how these will apply in a postsecondary environment
<b>Social Skills and Behavior</b> (Interactions 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)		
<b>Independent Living Skills</b> (Self-care, leisure skills, personal safety, transportation, banking, budgeting)		

<b>FUNCTIONAL AREAS</b>	<b>Present Level of Performance</b> (grade level, standard scores, strengths, needs)	<b>Essential accommodations/modifications and/or assistive technology previously utilized in high school. Explain how these will apply in a postsecondary environment</b>
<b>Environmental Access/Mobility</b> (assistive technology, mobility, transportation)		
<b>Self-Determination/ Self-Advocacy Skills</b> (Ability to identify and articulate postsecondary goals, learning strengths and needs)		
<b>Career-Vocational/Transition/ Employment</b> (Career interests, career exploration, job training, employment experiences and supports)		
<b>Additional important considerations</b> that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance)		



## Part 6: 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. Consider accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

<b>Higher Education or Career/Technical Training</b>	
<b>Employment:</b>	
<b>Independent living:</b>	
<b>Community Participation:</b>	

## Part 7: Student Input

### **SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE**

- A.** How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?
- B.** Which supports were helpful in school, work and/or the community (aids, adaptive equipment, physical accommodations, other services)?
- C.** What doesn't work for you at School or Work or in the Community? (loud rooms, flickering lights, etc.)
- D.** What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SoP Guidance Document

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Summary of Performance (SOP) Section	Suggestions
Part 1: Background Information Part 2: Information on Diagnosis of Disability	<ul style="list-style-type: none"> <li>✓ Give students the opportunity to lead the completion of these sections. For example, the student could define the proper eligibility category on the SOP.</li> <li>✓ Review all available assessments, both formal and informal, and interpret results into Part 5.</li> <li>✓ Be aware, and share with students and families, that secondary schools are not required to use adult-normed standardized assessments that are administered by a board-certified school psychologist, although some agencies do require these specifications in order to be eligible for services (i.e. Ohio Rehabilitation Services Commission.)</li> <li>✓ Attach assessments (e.g. the most recent copies of both formal and informal assessments); identify the names of each, and dates completed. Areas covered might include academic, vocational skills, financial management, self-determination, social skills and behavior, health and wellness, daily living skills, and civic participation (Leconte, 2006).</li> </ul>
Part 3: Services/Supports from Agencies outside of the School	<ul style="list-style-type: none"> <li>✓ Obtain student and family input in this section.</li> <li>✓ Be sure to update this section if the SOP form is used over the course of several years.</li> </ul>
Part 4: Student's Postsecondary Goals	<ul style="list-style-type: none"> <li>✓ Transfer the most recent postsecondary goals from the IEP to the SOP.</li> <li>✓ Allow the student and family to specify the top three areas of interest related to employment.</li> <li>✓ Use the postsecondary goals as a guide for determining relevant documentation to include in Part 5.</li> </ul>
Part 5: Summary of Performance	<ul style="list-style-type: none"> <li>✓ Not all sections are relevant for all students. In addition, the inclusion of a skill or example in one area is not restrictive, and a skill may</li> </ul>

	<p>fit in more than one area.</p> <ul style="list-style-type: none"> <li>✓ In column one, provide a clear narrative that highlights the student’s present level of performance (do not simply copy scores found in the formal assessments). In column two, provide essential accommodations, modifications and explain HOW they will apply in a postsecondary environment.</li> <li>✓ Discuss with students what this data means on a daily basis and help students learn to explain their disability, and their strengths and preferences, in clear terms.</li> </ul>
Part 6: Recommendations	<ul style="list-style-type: none"> <li>✓ Summarize information from Part 5 into succinct recommendations to be implemented in postsecondary environments.</li> <li>✓ Be sure recommendations are related to postsecondary goals and employment interests listed in Part 4.</li> <li>✓ Share with students and families that postsecondary entities can make their own decisions related to essential accommodations and assistive technologies, and that recommendations are not legally binding nor are they necessarily exhaustive.</li> </ul>
Part 7: Student Input	<ul style="list-style-type: none"> <li>✓ Provide students the opportunity to actively participate in SOP development by verbally eliciting their responses to each item in this section or by gathering written information (e.g., use surveys that will reveal the student’s voice).</li> <li>✓ Have the student sign the SOP to acknowledge ownership and awareness of its contents.</li> </ul>
Completed SOP	<ul style="list-style-type: none"> <li>✓ Hold an “exit interview” to discuss the SOP and its use. Provide the student/parent with a copy of the completed document.</li> <li>✓ Consider including a copy of the SOP with the student’s final grade card or diploma.</li> </ul>
Student Letter	<ul style="list-style-type: none"> <li>✓ This is an example of a letter that can be used.</li> </ul>

# Summary of Performance

Presented to \_\_\_\_\_

On \_\_\_\_\_

\_\_\_\_\_  
High School Name

School Logo

## SoP Sample Cover Letter

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TO: My Postsecondary Service Provider

FROM: (Student's name)

DATE: (Date letter is written and sent)

SUBJECT: Summary of Performance

Attached you will find my Summary of Performance (SOP). It contains the following information:

1. My background information.
2. Information on the diagnosis of my disability.
3. Services/supports that I receive (d) from agencies outside of my high school.
4. My postsecondary goals in the areas of education, employment and independent living, along with my top three areas of interest related to employment.
5. A summary of my high school academic achievement and functional performance as well as the essential accommodations, modifications and assistive technologies that I used in high school.
6. Recommendations from high school professionals regarding the supports and accommodations that may enhance my access to post school settings.
7. My perceptions of my disability, what works best for me, and accommodations that may be addressed in post school settings.

Each section contains information that is important to my success. Please review the information carefully. If you have any questions, I will be happy to schedule a time to visit with you about any of the information in my Summary of Performance.

Thank you for your time.

Sincerely,

John Doe  
123 School Road  
Anywhere, Ohio 11111  
(555) 555-1111  
[student@mail.com](mailto:student@mail.com)

## SoP Resources

Documents in the packet are a compilation and/or adaptation of the resources below.

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Ohio Department of Education, Office for Exceptional Children. (October 4, 2011).

Revised annotations for the IEP PR-07 form, pp. 9, 21.

Oklahoma State Department of Education, Special Education Services. Summary of performance OSDE form 11.

Oklahoma State Department of Education, Special Education Services. My summary of performance, OSDE form 15.

National Transition Documentation Summit. (2005). Nationally Ratified Summary of Performance Model Template

Shaw, S. F., Dukes, L. L. III, & Madaus, J.W. (May/June 2012). Beyond Compliance: Using the summary of performance to enhance transition planning. *TEACHING Exceptional Children*, Vol. 44, No. 5, pp. 6-12.

State Support Team Region 11. Summary of performance form.

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