

Complete for students leaving/exiting school. Subsequent to the termination of the student's eligibility due to graduation or aging out, the Summary of Performance must be provided to the student. This form must be completed in the final year prior to the student exiting high school.

BARRINGTON COMMUNITY UNIT SCHOOL DISTRICT #220 310 N. JAMES STREET, BARRINGTON, ILLINOIS 60010		
Student Name:	Date of Birth:	Year of Graduation/Exit:
Address:		Home Telephone:
Current School and Address:		Person(s) Completing Form:
School Telephone:		Contact Information:
Date of Most Recent IEP:	Date Summary Completed:	
Student's Primary Disability (Optional):	Student's Secondary Disability (Optional):	
<i>Attach copies of most recent assessment reports that address academic, functional performance, and transition that will assist in post-secondary planning.</i>		
STUDENT DESIRED POST-SECONDARY GOAL(S)		
Define and project the desired post-secondary outcomes as identified by the student, parent, and other IEP team members.		
Postsecondary Education and Training Outcomes		
Employment Outcome		
Independent Living Outcome, if appropriate		

*Attach Student's Perspective questionnaire.

SUMMARY OF STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE		
Academic/Functional Area	Summary of Present Levels of Academic Achievement and Functional Performance	Assessment(s)
<p>Academic Reading and Math</p> <p><i>(e.g. basic skills, reading comprehension, decoding, math calculation skills, math problem solving)</i></p>		
<p>Functional Performance</p> <p><i>(e.g. general ability and problem solving, attention/organization, social skills and behaviors, self advocacy)</i></p>		
<p>Independent Living</p> <p><i>(e.g. self-care, transportation, life skills, personal safety)</i></p>		
<p>Communication Status (Written and Oral)</p> <p><i>(e.g. speech/language, writing ability, expressive/receptive language)</i></p>		
<p>Vocational & Career</p> <p><i>(e.g. job training, career, explorations)</i></p>		

RECOMMENDATIONS FOR POST-SCHOOL

Need Area	Recommended Accommodations & Modifications	Interagency, Linkages, Additional Comments
Post-Secondary Education or Vocational Training		Agency: Contact Person: Contact Number: Address Email: Website:
Employment		Agency: Contact Person: Contact Number: Address Email: Website:
Independent Living		Agency: Contact Person: Contact Number: Address Email: Website:
Community Participation		Agency: Contact Person: Contact Number: Address Email: Website:

STUDENT SIGNATURE: _____

DATE: _____

SIGNATURE & TITLE OF PERSON COMPLETING FORM: _____

DATE: _____



SUMMARY OF PERFORMANCE (AS APPROPRIATE)

STUDENT PERSPECTIVE

Date:

Student Name:

Student DOB:

This should be completed by the student or with the assistance of another adult.

1. How does your disability affect you in the work environment? What strengths do you have in the work environment?

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

3. How does your disability affect your schoolwork and school activities (e.g. grades, assignments)?

4. Complete the table below by identifying the accommodations and supports that have been tried by teachers or by you (e.g. pacing, extra time, visual supports, adaptive equipment) to help you succeed in school. Please indicate whether each one was effective or not effective:

Accommodations/Supports	Effective	Not Effective

Information completed by:

- Student Parent Teacher Other Support Person:
 Independently With adult assistance

STUDENT DEMOGRAPHIC PROFILE

Student Name: Male Female		Student Date of Birth:	
Student Address:		Parent/Guardian Name:	
Contact Phone Number:		Address: Home Telephone Number: Cell: Email:	
School Graduated From:	School District:	Student's SIS Number:	
Date Student Graduated or Exited School:	Student's Primary Disability: (Optional)	Student's Secondary Disability: (Optional)	
Student Exited School: With regular high school diploma With certificate/modified diploma Reached maximum age Dropped out Unknown		Ethnicity of Record: African American American Indian/Alaska native Asian or Pacific Islander Hispanic White (not Hispanic) None indicated	
What post-school goals are included in this student's IEP for the period immediately following high school? (CHECK ALL THAT APPLY) Attend a postsecondary school, training, or education Secure employment No response			

STUDENT PERMISSION

The Illinois State Board of Education is required to report to the Federal government on the post-school outcomes of students one year after they leave high school (e.g., are you employed, are you attending college, etc).

May we have you or your parents' permission to be contacted by your school district one year after you leave to ask some questions about what you are doing?

Yes No

Signature of student or legal guardian: _____

Date signed: