

Rhode Island Student Summary of Performance

The Student Summary of Performance (SSOP) is required under Individuals with Disabilities Education Act of 2004, 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” §Sec. 300.305(e)(3).

Who receives the Summary of Performance?

The Summary of Performance, with the accompanying documentation, is provided to students (and/or guardians) in their final year of high school.

What is the purpose of the Summary of Performance?

The Summary of Performance is provided to assist students in accessing services in post-secondary education and through adult service agencies. The information in the SSOP is designed to establish eligibility for post secondary accommodations and services. It is also useful for the Vocational Rehabilitation Comprehensive Assessment process. Adult service agencies and higher education institutions may require additional documentation.

When is the Summary of Performance completed?

The SSOP **must** be provided to the student in their final year of high school or eligibility under IDEA, including those who have dropped out. The timing of completion of the SSOP may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SSOP, 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. In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer with updated information on the student’s performance. Timing of completion of the SSOP should be considered an IEP Team decision.

Who has to write the Summary of Performance?

While the law states that the Summary of Performance be developed by the Local Education Agency (school district), it is suggested that the actual Summary of Performance document be developed by the team working with the student. The Teacher, Case Manager and/or other school professional who are most knowledgeable about the student’s performance and effective accommodations and supports should complete the SSOP.

Do schools have to use The RI Student Summary of Performance form?

The RI Student Summary of Performance is intended to assist school districts in complying with the IDEA 2004. This tool was designed based on a model developed by the Council on Exceptional Children – Division on Career Development and Transition, (CEC-DCDT). Districts may choose to develop their own form, but all pertinent information must be included.

General Information

Date: _____

Student Name: _____ Date of Birth: _____ Year of Graduation/Exit: _____

Address: _____
(Street) (City, State) (Zip code)

Telephone Number: _____ Email address: _____

Current School: _____ District : _____

Case Manager:: _____ Title: _____

E-mail: _____ Telephone Number: _____

Student's primary qualifying condition (Diagnosis): _____

Include the diagnosis that qualified the student for services under IDEA

Student's secondary qualifying condition (Diagnosis), if applicable: _____

Members of the Team contributing information:

Name: _____ Title: _____

Accommodations that were Effective in High School List ALL accommodations, including those for academics, mobility, technology, communication, organization, self-care, etc.	Reason Needed

Documentation

The following documents provide information on the student's eligibility for special education and related services that may communicate eligibility to adult service and post secondary education service providers. Attach the most recent evaluations with the date listed. Include the most recent Special Education Evaluation Team Summary for the student's evaluation or re-evaluation.

All documents must be attached.

(Date)

- | | |
|--|--|
| _____ <input type="checkbox"/> Special Education Evaluation Team Summary (most recent) | _____ <input type="checkbox"/> Psychological Evaluation |
| _____ <input type="checkbox"/> Educational Evaluation | _____ <input type="checkbox"/> Neuropsychological |
| _____ <input type="checkbox"/> Response to Intervention | _____ <input type="checkbox"/> English Proficiency Assessments |
| _____ <input type="checkbox"/> Reading assessments | _____ <input type="checkbox"/> Communication –Hearing |
| _____ <input type="checkbox"/> Communication – Spch / Lang. | _____ <input type="checkbox"/> Behavioral/Adaptive behavior |
| _____ <input type="checkbox"/> Medical/physical | _____ <input type="checkbox"/> Psychiatric Evaluation |
| _____ <input type="checkbox"/> Assistive technology | _____ <input type="checkbox"/> Informal assessment/Other: |
| _____ <input type="checkbox"/> Community-based assessment(s) | _____ <input type="checkbox"/> Career/vocational Assessment |
| _____ <input type="checkbox"/> Transition assessment | _____ <input type="checkbox"/> Most recent IEP |
| _____ <input type="checkbox"/> Work Site Evaluation(s) | |

Other Pertinent Information

Please check off other high school information and records that are available on this Student and attach if available.

(Date)

- | | |
|---|---|
| _____ <input type="checkbox"/> High School Transcripts | _____ <input type="checkbox"/> SAT Scores |
| _____ <input type="checkbox"/> Attendance Record | _____ <input type="checkbox"/> State Assessment Scores |
| _____ <input type="checkbox"/> Career Guidance Information | |

Students/Families - Please note: This Summary of Performance and copies of all other documents will be kept on file in the school district for 5 years. To obtain copies, please contact:

Name: _____ **Title:** _____

Address: _____

Phone: _____ **E-Mail** _____

Check off the areas below where the student’s disability may have an impact on their post-secondary goals in any transition area. A check indicates an area where the student might have a need for continued services, support or accommodations.

Areas to Consider:

<p>Academic</p>	<p><input type="checkbox"/> Reading Basic reading, decoding, comprehension, speed</p> <p><input type="checkbox"/> Math – Calculation, problem solving, quantitative reasoning</p> <p><input type="checkbox"/> Language – Written expression, speaking, spelling</p> <p><input type="checkbox"/> Learning Skills Class participation, note taking, keyboarding, organization, homework, time management, study skills, test-taking skills</p>
<p>Cognitive</p>	<p><input type="checkbox"/> General Ability and Problem Solving – Reasoning and processing</p> <p><input type="checkbox"/> Attention and Executive Functioning – Energy level, sustained attention, memory, processing speed, impulse control, activity level</p> <p><input type="checkbox"/> Communication – speech and language, assisted communication</p>
<p>Social/Emotional & Independent Living</p>	<p><input type="checkbox"/> Social Skills and Behavior Interactions with teachers/ peers, level of initiation in asking for assistance, confidence and persistence as a learner</p> <p><input type="checkbox"/> Independent Living Skills – Self-care, leisure skills, personal safety, transportation, banking, budgeting</p> <p><input type="checkbox"/> Environmental Access and Mobility – Assistive Technology, mobility, transportation</p> <p><input type="checkbox"/> Self-Determination / Self Advocacy – Ability to identify and articulate goals, understand learning strengths and needs, seek assistance when necessary</p>

The following pages describe specifically where the student’s needs align with their transition goals in post-secondary education & training, employment and independent living & community participation. Please list the student’s transition goal in each area and complete the required information.

Transition Area: - Post-Secondary Education/Training

Student's Goal:

Check areas related to the student's disability that could affect the student's success in post-secondary education or training. Then describe the student's Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve their post-secondary goal. It is important to be precise in the descriptions in order for student to access the accommodations they will need in post-secondary education and training. Please attach additional pages if necessary.

Academic

Cognitive

Social/Emot'l & Ind Living

- _____ Reading
- _____ Social Skills and Behavior
- _____ Math
- _____ Independent Living Skills
- _____ Language
- _____ Environmental Access/Mobility
- _____ Attention/ Executive Functioning
- _____ Self-Determination/Self Advocacy

- _____ General Ability and Problem Solving
- _____ Learning Skills
- _____ Communication

Area	Present Level of Performance	Recommendations

Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)

Transition Area: - Employment

Student's Goal:

Check areas related to the student's disability that could affect the student's success in employment. Then describe the student's Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve their employment goal. It is important to be precise in the descriptions in order for student to access the accommodations they will need in employment. Please attach additional pages if necessary.

Academic

Cognitive

Social/Emot'l & Ind Living

- _____ Reading
- _____ Social Skills and Behavior
- _____ Math
- _____ Independent Living Skills
- _____ Language –
- _____ Environmental Access/Mobility
- _____ Attention/ Executive Functioning
- _____ Self-Determination/Self Advocacy

- _____ General Ability and Problem Solving
- _____ Learning Skills
- _____ Communication

Area	Present Level of Performance	Recommendations

Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)

Transition Area: - Independent Living/Community Participation

Student's Goal:

Check areas related to the student’s disability that could affect the student’s success in independent living and community participation. Then describe the student’s Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve goals. It is important to be precise in the descriptions in order for student to access the accommodations they will need in independent living and community participation. Please attach additional pages if necessary.

Academic

Social/Emot’l & Ind Living

- _____ Reading
- _____ Social Skills and Behavior
- _____ Math
- _____ Independent Living Skills
- _____ Language –
- _____ Environmental Access/Mobility
- _____ Attention/ Executive Functioning
- _____ Self-Determination/Self Advocacy

Cognitive

- _____ General Ability and Problem Solving
- _____ Learning Skills
- _____ Communication

Area	Present Level of Performance	Recommendations

Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)
