Part 1: Student Information

Student Name:		Date of Birth:		Year of Graduation:	
Address:				Telephone Number:	
Primary Language:		Current School:			
Area of Disability:		Date of Most Recent IEP:		Date of Eligibility determination/redetermination:	
Date of Last Psychological Evaluation: (Attach Psychological evaluation)		Course of Study:			

Please check off and include a copy of the assessment reports that identify the student's disability that will assist in postsecondary planning:

☐ Psychological Report	☐ Response to Intervention	☐ Medical/Physical	☐ Reading Assessment	☐ GHSGT Results
☐ EOCT Results	☐ Adaptive Behavior	☐ Behavioral Analysis	☐ CBVI Resume	☐ Self Determination
☐ Transcripts	☐ Career Assessment	☐ Assistive Technology	☐ Transition Checklist	
☐ OT/PT Plan	☐ IEP/Transition Plan	☐ Other:_____		

Part 2: Student's Desired Postsecondary Goals (Consideration should be given to education, employment, independent living and community access)

1.
2.
3.

Part 3: Present Levels of Performance Summary

ACADEMIC AREAS	PRESENT LEVEL OF PERFORMANCE (Strengths, Needs)	DATE	ACCOMMODATIONS (Include accommodations, modifications, assistive technology or other supports used in high school)	ACCOMMODATIONS RATIONALE (Explanation of impact of disability and the need for listed accommodations)
Reading (Basic Reading, Decoding, Comprehension, Reading Speed)				
Math (Calculation, Reasoning , Speed)				
Written Language (Written Expression, Skills in Composition, Speed)				
Learning Skills (Class participation, Note taking, Keyboarding, Organization, Test taking, Study skills)				
FUNCTIONAL AREAS				
Social Skills and Behavior (Interactions with teachers/peers, Level of initiation in asking for assistance, Confidence and Persistence as a learner)				
Communication (Oral expression, Listening comprehension, Pragmatics)				

ACADEMIC AREAS	PRESENT LEVEL OF PERFORMANCE (Strengths, Needs)	DATE	ACCOMMODATIONS (Include accommodations, modifications, assistive technology or other supports used in high school)	ACCOMMODATIONS RATIONALE (Explanation of impact of disability and the need for listed accommodations)
Independent Living Skills (Self-care, Leisure skills, Banking)				
Environmental Access (Assistive Tech, Mobility, Transportation)				
Self Determination/Self Advocacy Skills (Ability to explain disability and ask for assistance)				
Career/Vocational (Career interests, Job training)				
Medical/Family Concerns				

Part 4: Recommendations to Assist Student in Meeting Postsecondary Outcomes

What are the recommended accommodations, modifications, assistive technology, or general areas of need? If none are needed, must explain why not.

Higher Education or Career Technical Education:	
Employment:	
Independent Living:	

Community Participation:	

Part 5: Student Perspective

A.	How does your disability affect your schoolwork and school activities? (Think about grades, relationships, assignments, tests, communication, extra-curricular activities.)
B.	In the past, what supports have been tried by teachers to assist you in being successful in school?
C.	Which of these accommodations and supports worked best for you? Why did they work?
D.	What strengths should others know about you as you begin college or work?
E.	What has been most difficult for you in school?

Part 6: Post-Secondary Community Agency Contacts, Team Members and Supports
(Contact Information for adult services for daily living skills, independent living, financial assistance, employment, transportation, etc.)

AGENCY Community or local resource the student is likely to contact	CONTACT PERSON Name and title of person student should contact	SERVICES PROVIDED Services the agency might provide after graduation	CONTACT INFORMATION Phone number, address, email
High School Team			
Health and Family Services			
Employment Agency			
Independent Living Agency			
Institute of Higher Education			
Disability Services Provider			
Other (specify):			

Student Signature: _____   **Date:** _____