

C: EC File, Parent/Guardian

Secondary Transition – Summary of Performance

Student UID#: _____

Student:	Student UID#	DOB:
School:	Grade:	Age:

SECONDARY TRANSITION - SUMMARY OF PERFORMANCE

Student Demographics				
Address:	Email Address:	Graduation Date:		
Home Phone:	Cell Phone:	Alternate Phone:		
Course of Study:				
Transition Assessments				
Formal Assessments: (include informatio assessments)	on from academic/psychological/adapt	ive behavior/vocational		
Informal Assessments: (include informati	ion from dream sheets, parent/teache	r/student interviews, ecological		
observations, task analysis, etc.)				

Secondary Transition – Summary of Performance **Post-School Goals** Include appropriate measurable post-school goals from the student's most recent transition plan. **Employment Goal: Education Goal:** Independent Living Goal: (if applicable) **Summary of Educational Performance** Include the student's present level of academic achievement and functional performance, accommodations and modifications required to be successful in school. Area Summary Academic Performance Functional Performance Accommodations

Assistive Technology

Modifications

Include assistive technology devices essential to the student's success in postsecondary settings. Indicate whether the device(s) is for academic and/or functional performance.

AT Device		Academic		Functional	
		No	Yes	No	N/A

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Include recommendations to assist the student in meeting postsecondary goals to enhance success in post-school setting.

Recommendation(s)

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Secondary Transition – Summary of Performance

Other:	
Other:	

Post-School Outcomes Survey

This Summary of Performance will help us contact you after you graduate from high school. We want to learn from former students how we can make high school transition better in North Carolina. One year after you leave high school, we will contact you to take a survey about what you are doing after high school. It's quick, easy and important!