

SUMMARY OF PERFORMANCE

_____ County Schools

Date _____

Student's Full Name _____

DOB _____

Parent(s)/Guardian(s) _____

Age _____

Address _____

Grade _____

School _____

WVEIS# _____

Telephone Home: _____ Work: _____

Cell: _____

I. Postsecondary Goal(s)

II. Summary of Performance

A. Academic Achievement: _____

B. Functional Performance: _____

C. Student Perspective: _____

III. Recommendations for Meeting Postsecondary Goal(s)

NOTE: Attach academic transcript and/or relevant transition assessment data.