**MINNESOTA’S SUMMARY OF PERFORMANCE (SOP)**

TRANSITION EXIT INTERVIEW

The Summary of Performance (SOP) is required under the reauthorization of the Individuals with

Disabilities Education Act of 2004. The language as stated in IDEA 2004 regarding the SOP is 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”20 USC 1414(c) (5) (B) (ii).

The Summary of Performance **must** be completed during the final year of a student’s high school education. The timing of completion of the SOP may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SOP, 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

and/or developmental disabilities.

The Summary of Performance is most useful when linked with the IEP process and the student has

the opportunity to actively participate in the development of this document.

|  |
| --- |
| **Student Information** |
| STUDENT NAME: |
| STUDENT ADDRESS: |
| TELEPHONE NUMBER: |
| DATE OF BIRTH: |
| PRIMARY DISABILITY: |
| YEAR OF GRADUATION/EXIT: |
| CURRENT SCHOOL/CITY: |
| PRIMARY LANGUAGE or MODE OF COMMUNICATION: |
| SCHOOL REPRESENTATIVE CONTACT and TITLE: |
| SCHOOL: Albert Lea High School OR Albert Lea Area Learning Center |
| TELEPHONE NUMBER: 507-379- |
| EMAIL: @albertlea.k12.mn.us |

MY GOALS FOR ONE YEAR AFTER HIGH SCHOOL:

|  |  |
| --- | --- |
| Training and education | GOAL: |
| RECOMMENDATION TO ASSIST ME IN MEETING MY GOAL: |

|  |  |
| --- | --- |
| WORKING AND EMPLOYMENT | GOAL: |
| RECOMMENDATION TO ASSIST ME IN MEETING MY GOAL: |

|  |  |
| --- | --- |
| INDEPENDENT LIVING | GOAL: |
| RECOMMENDATION TO ASSIST ME IN MEETING MY GOAL: |

MY PERFORMANCE IN ACADEMIC CONTENT AREAS:

|  |  |  |
| --- | --- | --- |
| ACADEMIC CONTENT AREA | PRESENT LEVEL OF PERFORMANCE  (GRADE LEVEL, STANDARD SCORES, STRENGTHS, NEEDS) | ESSENTIAL ACCOMMODATIONS, ASSISTIVE TECHNOLOGY, OR MODIFICATIONS UTILIZED IN HIGH SCHOOL, AND WHY NEEDED. |
| **Reading** (Basic reading/decoding;  reading comprehension; reading speed) |  |  |

|  |  |  |
| --- | --- | --- |
| **Math** (Calculation skills, algebraic problem solving; quantitative  reasoning) |  |  |
| **Language** (written expression, speaking, spelling) |  |  |
| **Learning Skills** (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills) |  |  |
| **Other Academic Areas** (Science, social studies, etc.) |  |  |

|  |  |  |
| --- | --- | --- |
| **POST SECONDARY EDUCATION** | STUDENT GOAL: | |
| Have you applied for a post secondary training program?  Where? |  |
| Have you applied for financial aid? |  |
| Have you contacted support services? |  |
| What kind of help do you need to complete your post secondary education plans? |  |
| Other comments? |  |

MY PERFORMANCE IN FUNCTIONAL AREAS:

|  |  |  |
| --- | --- | --- |
| **Functional Areas** | **Present Level of Performance**  **(grade level, standard scores, strengths, needs)** | **Essential accommodations, assistive technology, or modifications utilized in high school, and why needed.** |
| **Social Skills and Behavior** (Interactions with teachers/peers, level of initiation inasking for assistance, responsiveness toservices and accommodations,degree of involvement in extracurricularactivities, confidence andpersistence as a learner,) |  |  |
| **Independent Living Skills** (Self-care, leisure skills, personal safety, transportation, banking, budgeting) |  |  |
| **Environmental Access/Mobility**  (assistive technology, mobility, transportation) |  |  |
| **Self-Determination/Self-Advocacy Skills**  (Ability to identify and articulate postsecondary goals, learning strengths  and needs; |  |  |
| **Career-Vocational/Transition/**  **Employment** (Career interests, career exploration, job training, employment experiences and supports) |  |  |
| **Additional important considerations** that can assist in makingdecisions about disability determinationand needed accommodations (e.g., medical problems, family concerns, sleep disturbance) |  |  |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT** | STUDENT GOAL: | |
| Do you currently have a job? Where? |  |
| Do you plan to continue in that job after high school? |  |
| Do you need help finding a job? |  |
| Have you applied for Rehabilitation Services (RS) with Sue Draayer? |  |
| Have you applied for Work Force Development assistance? |  |
| What kind of help do you need to complete your employment needs? |  |
| Other comments? |  |

|  |  |  |
| --- | --- | --- |
| **RECREATION & LEISURE** | STUDENT GOAL: | |
| What are some activities you like to do in your free time? |  |
| Do you need any extra supports to participate in these leisure activities?  If so, please describe: |  |
| What needs to be done for your leisure / recreational needs? |  |
| Other comments? |  |

|  |  |  |
| --- | --- | --- |
| **HOME LIVING** | STUDENT GOAL: | |
| Where will you live after graduation? | \_\_\_with parents \_\_\_dorm \_\_\_on my own \_\_\_group home  \_\_\_SILS other? |
| Do you receive: | \_\_\_SSI  \_\_\_medical assistance  \_\_\_general assistance |
| Do you have a county caseworker? |  |
| Do you have a checkbook/debit card and use it properly? |  |
| Do you know how to use money orders? |  |
| Can you handle money and budget it? |  |
| Do you shop for groceries by yourself? |  |
| Can you prepare your own meals? |  |
| Can you operate a washer and dryer? |  |
| What kind of help do you need to complete your living arrangements? |  |
| Other comments? |  |

|  |  |  |
| --- | --- | --- |
| **COMMUNITY EXPERIENCES** | STUDENT GOAL: | |
| Do you have your driver license?  Or State ID Card? |  |
| How will you get around in the community? | \_\_\_drive own vehicle \_\_\_take taxi  \_\_\_drive family vehicle \_\_\_ride bicycle \_\_\_walk  \_\_\_depend on others \_\_\_other: |
| What needs to be done for transportation needs? |  |
| If you take medication, can you self-administer? |  |
| Do you have medical insurance coverage? |  |
| What needs to be done to complete your medical needs? |  |
| If you are in need of legal help, would you be able to get the help you need? |  |
| What needs to be done for your self-advocacy? |  |
| Other comments? |  |

|  |  |
| --- | --- |
| **ACCOMMODATIONS and MODIFICATIONS** | ACCOMMODATIONS: a change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities) MODIFICATIONS: a support or service that is provided to help a student fully access the general education curriculum or subject matter, does NOT change the content of what is being taught or the expectations that the student meet a performance standard applied for all students |
| ACCOMMODATIONS AND MODIFICATIONS OF THE LAST IEP |
| **ASSISTIVE TECHNOLOGY** |  |

|  |  |
| --- | --- |
| **ADULT/COMMUNITY CONTACTS** | Agency:  Name/Position:  Status:  Phone: |
| Agency:  Name/Position:  Status:  Phone: |

|  |  |
| --- | --- |
| **STUDENT EVALUATION** | What special education services have you found helpful at Albert Lea High School? |
| How would you like to see special education services changed? |

DOCUMENTATION OF SPECIAL NEEDS:

|  |  |  |
| --- | --- | --- |
| The most recent copy of assessment reports that diagnose and clearly identify my special needs and/or that will assist in postsecondary planning are identified and attached. | | |
| Type of Documentation | Assessment Name | Dates Administered | |
| Psychological/Cognitive |  |  | |
| Neuropsychological |  |  | |
| Medical/Physical |  |  | |
| Communication |  |  | |
| Adaptive Behavior |  |  | |
| Social/Interpersonal |  |  | |
| Communication/Speech/ Language |  |  | |
| Multi-Tiered System of Supports (MTSS/RTI) |  |  | |
| Career/Vocational/ Transition |  |  | |
| Community-based assessments |  |  | |
| Self-determination assessments |  |  | |
| Assistive technology |  |  | |
| Classroom observations |  |  | |
| Other |  |  | |
|  |  |  | |

Additional information about my strengths, interests, preferences, or needs to support a successful transition to postsecondary services (e.g.: work experiences, on-the-job experiences, school experiences such as extra-curricular activities, community experiences, etc).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date this Summary was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student may contact the special education case facilitator for the most recent evaluation report and the most recent Individual Education Program (IEP).

Heather Harms

Special Education Case Facilitator

Albert Lea High School

507-379-5355

[hharms@albertlea.k12.mn.us](mailto:hharms@albertlea.k12.mn.us)