

## SUMMARY OF PERFORMANCE – ALTERNATE CURRICULUM

### **SECTION I. STUDENT INFORMATION:**

<b>Student Name:</b>		<b>Date of Birth:</b>		<b>Today's Date:</b>	
<b>Address:</b>				<b>City:</b>	
<b>State:</b>		<b>Zip:</b>		<b>Telephone:</b>	
<b>Additional Phone Contact:</b>		<b>Student Disability:</b>		<b>Student Primary Language:</b>	
<b>Current School:</b>		<b>School Telephone Number:</b>			
<b>Post School Contact:</b>	District Office of Transition Services (213) 241-8050				
<b>ADULT/COMMUNITY CONTACTS</b>					
<b>Agency Linkage:</b>					
<b>Address:</b>					
<b>Agency Linkage:</b>					
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### **SECTION II. POSTSECONDARY GOALS:**

<b>Education/Training:</b>	<b>My Goal:</b>
	<b>School's Recommendation to Achieve Goal:</b>
<b>Employment:</b>	<b>My Goal:</b>
	<b>School's Recommendation to Achieve Goal:</b>
<b>Independent Living:</b>	<b>My Goal:</b>
	<b>School's Recommendation to Achieve Goal:</b>

### **SECTION III. STUDENT PERSPECTIVE:**

<b>A.</b>	<b>What strengths and needs should professionals know about you as you enter the postsecondary environment?</b>

<b>B.</b>	<b>How does your disability impact you in the following areas?</b>	
	<b>Learning:</b>	
	<b>Communication:</b>	
	<b>Mobility:</b>	
	<b>Employment:</b>	
	<b>Relationships:</b>	
	<b>Leisure Activity:</b>	

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<b>C.</b>	<b>In the past, what supports have been tried by teachers or by you to help you succeed in school (e.g., aids, adaptive equipment, physical accommodations, other services)?</b>

<b>D.</b>	<b>Which of these accommodations and supports have worked best for you?</b>

### **SECTION IV. SCHOOL PERSPECTIVE ON IMPACT OF DISABILITY:**

Skill Area	Performance Level
<b>Academic Areas</b>	
Reading (basic reading/decoding, reading comprehension, reading speed)	
Math (calculation skills, algebraic problem solving, quantitative reasoning)	
Language (written expression, speaking, spelling)	
Learning Skills (class preparation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)	
<b>Cognitive Areas</b>	
General Ability and Problem Solving (reasoning/processing)	
Communication (speech/language, assisted communication)	
<b>Functional Areas</b>	
Social Skills and Behavior (interactions with teachers/peers, levels of initiation in asking for assistance, degree of involvement in extracurricular activities, confidence and persistence as a leader)	
Independent Living Skills (self-care, leisure skills, personal safety, transportation, banking, budgeting)	
Career-Vocational/Transition/ Employment (career interest, career exploration, job training, employment experiences and supports)	

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### **SECTION V. RECOMMENDATIONS TO ASSIST STUDENT IN MEETING POSTSECONDARY GOALS:**

Learning	Work
<input type="checkbox"/> Repeat instructions/directions	<input type="checkbox"/> Provide progress report
<input type="checkbox"/> Provide cues/prompts/ reminders	<input type="checkbox"/> Give one task at a time or a partial task
<input type="checkbox"/> Use visual aids/assistive technology	<input type="checkbox"/> Use peer/partner assistance
<input type="checkbox"/> Use communication system	<input type="checkbox"/> Modify time on task
<input type="checkbox"/> Provide positive behavior support	<input type="checkbox"/> Model task/prompts/ cues
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Living	Play
<input type="checkbox"/> Provide intermittent support/ fade support	<input type="checkbox"/> Provide intermittent support or fade support
<input type="checkbox"/> Use visual aids/ verbal prompts	<input type="checkbox"/> Offer choice of activities
<input type="checkbox"/> Provide materials in sequential order	<input type="checkbox"/> Prompt student participating
<input type="checkbox"/> Other:	<input type="checkbox"/> Participate with the student during the activity
	<input type="checkbox"/> Other:
Travel	Community
<input type="checkbox"/> Shadow during travel	
<input type="checkbox"/> Contact student upon arrival of destination	<input type="checkbox"/> Provide business location: address/ phone/directions
<input type="checkbox"/> Use of travel notes/ cue cards	<input type="checkbox"/> Accompany student to business
<input type="checkbox"/> Use real life instruction	<input type="checkbox"/> Encourage group participation
<input type="checkbox"/> Contact Access/ taxi for student	
<input type="checkbox"/> Provide mobility support	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	
Other	
Comments: (medications taken, assistive devices/equipment used, etc.):	