

SUMMARY OF PERFORMANCE – ALTERNATE CURRICULUM

SECTION I. STUDENT INFORMATION:

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

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SECTION II. POSTSECONDARY GOALS:

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

SECTION III. STUDENT PERSPECTIVE:

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

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

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C.	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)?

D.	Which of these accommodations and supports have worked best for you?

SECTION IV. SCHOOL PERSPECTIVE ON IMPACT OF DISABILITY:

Skill Area	Performance Level
Academic Areas	
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)	
Cognitive Areas	
General Ability and Problem Solving (reasoning/processing)	
Communication (speech/language, assisted communication)	
Functional Areas	
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"/> Provide business location: address/ phone/directions
<input type="checkbox"/> Contact student upon arrival of destination	
<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"/> Other:
<input type="checkbox"/> Provide mobility support	
<input type="checkbox"/> Other:	
Other	
Comments: (medications taken, assistive devices/equipment used, etc.):	