

## SUMMARY OF PERFORMANCE – GENERAL 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>					
<b>Address:</b>					
<b>Agency Linkage:</b>					
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<b>Address:</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>	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>D.</b>	Which of these accommodations and supports have worked best for you?

**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:**

<p style="text-align: center;"><b>Accommodations Support:</b></p> <p><input type="checkbox"/> Check for understanding</p> <p><input type="checkbox"/> Repeat or rephrase instructions/directions</p> <p><input type="checkbox"/> Present one task at a time</p> <p><input type="checkbox"/> Use of assignment notebook</p> <p><input type="checkbox"/> Provide with progress reports</p> <p><input type="checkbox"/> Supervision during unstructured time</p> <p><input type="checkbox"/> Provide cues/prompt/reminders for rules/procedures</p> <p><input type="checkbox"/> Offer choices</p> <p><input type="checkbox"/> Provide note-taking assistance</p> <p><input type="checkbox"/> Use of computer on campus</p> <p><input type="checkbox"/> Use of a scribe/word processor</p> <p><input type="checkbox"/> Use of peer tutor/staff assistance in:</p> <p><input type="checkbox"/> Use of communication system</p> <p><input type="checkbox"/> Other:</p>	<p style="text-align: center;"><b>Response to Materials and Instruction:</b></p> <p><input type="checkbox"/> Reduce/shorten test/ assignment /task</p> <p><input type="checkbox"/> Extend time on in-class assignment/task</p> <p><input type="checkbox"/> Use of notes for test/assignments</p> <p><input type="checkbox"/> Provide open book for test/assignment</p> <p><input type="checkbox"/> Differentiate projects or alternate assignments</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Presentation of Materials and Instruction:</b></p> <p><input type="checkbox"/> Use books on tape and or CD</p> <p><input type="checkbox"/> Modify assignments/tests to address identified needs of learning styles</p> <p><input type="checkbox"/> Enlarge print</p> <p><input type="checkbox"/> Provide closed caption</p> <p><input type="checkbox"/> Use English language development materials</p> <p><input type="checkbox"/> Use manipulative/study aides</p> <p><input type="checkbox"/> Give test questions orally</p> <p><input type="checkbox"/> Preview of test/assignments</p> <p><input type="checkbox"/> Use of visuals aids: flash cards, maps, posters, clues</p> <p><input type="checkbox"/> Other</p>
<p style="text-align: center;"><b>Health Care:</b></p> <p><input type="checkbox"/> Use a cue to be reminded to take medications</p> <p><input type="checkbox"/> Take medication(s) under supervision</p> <p><input type="checkbox"/> Other:</p>	<p style="text-align: center;"><b>Settings:</b></p> <p><input type="checkbox"/> Access a study carrel for task/assignment</p> <p><input type="checkbox"/> Sit free from visual distractions</p> <p><input type="checkbox"/> Use a quiet environment-free from excessive noise</p> <p><input type="checkbox"/> Other:</p>
<p><b>Assistive Tools:</b></p>	
<p><input type="checkbox"/> Adaptive devices:</p> <p><input type="checkbox"/> Assistive services:</p>	