Your School/District				
Your City				
Summary of Academic Achievement and Functional Performance				
Mark one:				
☐ Student graduated with a regular high school diploma or exited the school system at maximum age (22); no longer IDEA eligible				
□ Student exited school for other reasons; still IDEA eligible				
Student Name:		Date of Birth:	Year of Graduation/Exit:	
Address:				
(Street)		(Town, state)	(Zip code)	
Telephone Number:		Primary Language:		
Current School:		City:		
Student's primary disability:				
Date this Summary was completed:		Date of most recent eligibili	ty determination:	
This form was completed by: Name: Title:		Title:		
School:		-	Геlephone Number:	
Summary of Academic Achievement and Functional Performance				
Area(s) of need	Present Level of Performance, including baseline data and how the disability affects access and progress in the general curriculum			

Accommodations, including Assistive Technology			
Student's Postsecondary Goal(s)			
Post-secondary education or training:			
Took described y education of training.			
Post-secondary employment:			
Independent Living:			
Recommendations to assist the student in meeting postsecondary goals			
Recommendations to assist the student in meeting postsecondary goals			