



Summary for Post-Secondary Living, Learning, and Working

Student: _____ Birthdate: _____ Date: _____

Attending District: _____ Date of Exit _____

Building: _____

Post-Secondary Expectations:

Living:

Learning:

Working:

Recent Special Education Services (Indicate all received within three years prior to exit)

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation): | | |

Goal Areas (Within three years prior to exit)

Describe student's current levels of performance, as related to living, learning, working. (Include type of assessment, date of administration, and results)

Describe functional impact of the disability (as related to living, learning, working)

Response to instruction and accommodations (as related to living, learning, working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living:

Learning:

Working:

Adult/Community Contacts:

Agency: _____ Status: _____

Name/Position: _____ Phone: _____

Agency: _____ Status: _____

Name/Position: _____ Phone: _____

Agency: _____ Status: _____

Name/Position: _____ Phone: _____

High School Contacts:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Additional team members contributing to this summary:
