

Summary of Performance: General Curriculum Directions

The Summary of Performance (SOP) is required for all students with disabilities who graduate with a diploma or leave school because they exceed the age of eligibility. It is highly recommended for students who are receiving a voluntary certificate of completion. The purpose of the SOP is to provide students with a summary of their academic achievement and functional performance that includes recommendations on how to assist them in meeting their postsecondary goals. The SOP is a separate document from the Individualized Education Program. It is designed to assist students in the transition from high school to higher education, training, and /or employment. The SOP is helpful to establish a student's eligibility for reasonable accommodations and supports in postsecondary settings.

The SOP must be completed during the final year of the student's high school education. Students should complete (with minimal staff assistance) Sections 1, 2, and 3. School staff should complete Sections 4 and 5.

Procedures for completing the Summary of Performance: General Curriculum

Section 1: Student's Background Information

Complete this section as specified. School contact requires the name of the school and telephone number. Do not enter the name of a staff member.

Section 2: Student's Postsecondary Goals for After High School

Identify the post secondary goal within each appropriate area. School staff should complete School's Recommendation to Achieve Goal section, and assist with agency information.

Section 3: Student's Perspective

Students should express, in their own words, their perception of their disability, its impact within various functioning areas, and identify accommodations and supports that have been most useful.

Section 4: School's perspective of Impact of Disability

Describe the impact of the disability upon academic and functional performance areas. Indicate the student's present level of performance in each functional area. The strengths should be written in an objective manner, using assessment language (average, below average, above average, etc). If the student is functioning on grade level, indicate "functions on grade level".

Section 5: School's Recommendations to Assist the Student in Meeting Postsecondary Goals

Indicate the accommodations or modifications a student may need to assist in meeting the postsecondary goals. Check all that will support access into higher education or training, employment, or when appropriate, independent living skills. Include any accommodations or modifications a student might need to pass subsequent CAHSEE examinations.

Upon completion of the SOP, one copy is given to the student and one copy is filed in the student's cumulative record.

**Los Angeles Unified School District
 Division of Special Education
 Summary of Performance-General Curriculum**

Attachment A

Section 1: Background Information		Date:
Student Name:	DOB:	
Address:	City:	
State:	Zip:	
Telephone:	Additional Phone Contact:	
Disability:		

High School contacts	
Current School:	Primary Language:
School contact (last school of attendance):	Telephone Number:
Post School contact: Division of Special Education District Office of Transition Services	website: http://sped.lausd.net Telephone Number: (213) 241-8050
Adult/Community Contacts	
Agency Linkage:	
Address:	
Phone Number:	
Agency Linkage:	
Address:	
Phone Number:	
Agency Linkage:	
Address:	
Phone Number:	

Section 2: My Postsecondary Goals for After High School	
Education	My Goal:
	School's Recommendation to Achieve Goal:
Employment:	My Goal:
	School's Recommendation to Achieve Goal:
Independent Living (if needed):	My Goal:
	School's Recommendation to Achieve Goal:

**Los Angeles Unified School District
Division of Special Education
Summary of Performance-General Curriculum**

Attachment A

Name:

DOB:

Section 3: Student's Perspective
A. My strength: I know I am competent on tasks involving
B. My disability affects my (describe)
schoolwork:
communication:
mobility:
employment:
relationships:
leisure activity:
C. These supports have helped me to be successful:
D. These are additional accommodations that may work for me:

Los Angeles Unified School District
 Division of Special Education
 Summary of Performance-General Curriculum

Attachment A

Name:

DOB:

Section 4: School's Perspective on Impact of Disability	
Areas of Functioning	Performance Level
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)	

**Los Angeles Unified School District
Division of Special Education
Summary of Performance-General Curriculum**

Attachment A

Name:

DOB:

Section 5: Recommendations to Assist the Student in Meeting Postsecondary Goals	
Related to Support:	Response to Materials and Instruction:
<ul style="list-style-type: none"> <input type="checkbox"/> Check for understanding <input type="checkbox"/> Instructions/directions repeated/rephrased <input type="checkbox"/> Present one task at a time <input type="checkbox"/> Use of assignment notebook <input type="checkbox"/> Provided with progress reports <input type="checkbox"/> Supervision during unstructured time <input type="checkbox"/> Cues/prompt/reminders for rules/procedures <input type="checkbox"/> Offer choices <input type="checkbox"/> Note-taking assistance <input type="checkbox"/> Access to computer on campus <input type="checkbox"/> Use of a scribe/word processor <input type="checkbox"/> Peer tutor/staff assistance in _____ <input type="checkbox"/> Communication system <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Reduced/shortened test/ assignment /task <input type="checkbox"/> Extended time on in-class assignment/task <input type="checkbox"/> Use of notes for test/assignments <input type="checkbox"/> Open book for test/assignment <input type="checkbox"/> Differentiated projects or alternate <hr/> <p style="text-align: center;">Presentation of Materials and Instruction:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Books on tape and or CD <input type="checkbox"/> Assignments/tests modified to address identified needs of learning styles <input type="checkbox"/> Large print <input type="checkbox"/> Closed caption <input type="checkbox"/> English Language Development materials <input type="checkbox"/> Manipulative/study aids for: <input type="checkbox"/> Test questions given orally <input type="checkbox"/> Preview of test/assignments <input type="checkbox"/> Visuals aids: flash cards, maps, posters, clues
Related to Health Care:	Settings:
<ul style="list-style-type: none"> <input type="checkbox"/> Reminder to take medications <input type="checkbox"/> Medication(s) given under supervision <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Access to study carrel for task/assignment <input type="checkbox"/> Free from visual distractions <input type="checkbox"/> Quiet environment free from excessive noise <input type="checkbox"/> Other:
Assistive Tools	Timing/Scheduling of Task/Assignment/Test:
<ul style="list-style-type: none"> <input type="checkbox"/> Adaptive devices: _____ _____ <input type="checkbox"/> Assistive services: _____ _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Extended time(s): _____ minutes for every _____ minutes given to non-disabled peers <input type="checkbox"/> Test/assignments given in shortened time segments <input type="checkbox"/> Other:

California High School Exit Exam Accommodations (accommodations needed on any subsequent attempts of the CAHSEE Exit Exam). Identify the allowable accommodations or modifications according to the California Department of Education testing matrix and the IEP