



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REFERENCE GUIDE

**TITLE:** Summary of Performance Requirement for Students with Disabilities Graduating or Reaching Maximum Age of Attendance

**NUMBER:** REF-4132.1

**ISSUER:** Donnalyn Jaque-Antón, Associate Superintendent  
Division of Special Education

**DATE:** April 25, 2008

**PURPOSE:** The purpose of this Reference Guide is to outline the requirements for completion of the Summary of Performance for all students with disabilities graduating or reaching maximum age of attendance.

**MAJOR CHANGES:** This replaces REF-4132.0 dated April 22, 2008. Attachment A has been altered to add a box for California High School Exit Exam (CAHSEE) accommodations or modifications.

**BACKGROUND:** The completion of a Summary of Performance (SOP) is required in the Individuals with Disabilities Education Act (IDEA) for all students with disabilities who are graduating with a diploma or reaching the maximum age of attendance. The District recommends that students leaving with a Certificate of Completion also receive a SOP. The purpose of the SOP is to assist the student in the eligibility process for reasonable accommodations and supports in postsecondary settings.

**PROCEDURES:** Special education teachers are required to complete either Form A or Form B for every student with disabilities graduating with a diploma or reaching maximum age of attendance with the final Individualized Education Program (IEP). This form should be completed even if a student will continue attempts to pass the California High School Exit Exam (CAHSEE).

Attachment A contains the directions and Summary of Performance form to be used for students participating in the general curriculum. For students who will continue to attempt to pass the CAHSEE, complete the CAHSEE accommodations or modifications box on page 4.

Attachment B contains the directions and Summary of Performance form to be used for students participating in the District Alternate Curriculum.

### ROUTING

Secondary Schools  
Local District Superintendents  
Administrators of Instruction  
Local District Directors  
Support Unit Administrators  
School Administrators  
Bridge Coordinators  
Special Education Teachers



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A fillable form can be accessed through the Division of Special Education website at <http://sped.lausd.net> or on the District Office of Transition Services website at [www.lausd.net/lausd/offices/spec\\_ed/dots/](http://www.lausd.net/lausd/offices/spec_ed/dots/). The attached forms may be used as well.

**RELATED  
RESOURCES:**

Special Education Policies and Procedures Manual  
Reference Guide 3620.0: Transition Services and Activities for Students with Disabilities

**ASSISTANCE:**

For assistance please contact Susan Tandberg, Administrator, Secondary Instruction and Transition Services at (213) 241-8050 or email at [susan.tandberg@lausd.net](mailto:susan.tandberg@lausd.net).

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

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

<b>High School Contacts</b>	
<b>Current School:</b>	
<b>School Contact</b> (name of school office to call for information):	<b>Telephone Number:</b>
<b>Post School Contact:</b> Division of Special Education District Office of Transition Services	<b>Website:</b> <a href="http://sped.lausd.net">http://sped.lausd.net</a> <b>Telephone Number:</b> (213) 241-8050
<b>Adult/Community Contacts</b>	
<b>Agency Linkage:</b>	
Address:	
Phone Number:	
<b>Agency Linkage:</b>	
Address:	
Phone Number:	
<b>Agency Linkage:</b>	
Address:	
Phone Number:	

<b>Section 2: My Postsecondary Goals for After High School</b>	
<b>Education</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 (if needed):</b>	<b>My Goal:</b>
	<b>School's Recommendation to Achieve Goal:</b>

**Name:**

**DOB:**

<b>Section 3: Student's Perspective</b>
<b>A. My strengths: I know I am competent on tasks involving</b>
<b>B. My disability affects my</b> (explain how your disability affects the following parts of your life)
<b>schoolwork:</b>
<b>communication:</b>
<b>mobility:</b>
<b>employment:</b>
<b>relationships:</b>
<b>leisure activity:</b>
<b>C. These supports have helped me to be successful:</b>
<b>D. These are additional accommodations that may work for me:</b>

**Name:**

**DOB:**

<b>Section 4: School's Perspective on Impact of Disability</b>	
<b>Areas of Functioning</b>	<b>Performance Level</b>
<b>Reading</b> (basic reading/decoding, reading comprehension, reading speed)	
<b>Math</b> (calculation skills, algebraic problem solving, quantitative reasoning)	
<b>Language</b> (written expression, speaking, spelling)	
<b>Learning Skills</b> (class preparation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)	
<b>Cognitive Areas</b>	
<b>General Ability and Problem Solving</b> (reasoning/processing)	
<b>Communication</b> (speech/language, assisted communication)	
<b>Functional Areas</b>	
<b>Social Skills and Behavior</b> (interactions with teachers/peers, levels of initiation in asking for assistance, degree of involvement in extracurricular activities, confidence and persistence as a leader)	
<b>Independent Living Skills</b> (self-care, leisure skills, personal safety, transportation, banking, budgeting)	
<b>Career-Vocational/Transition/ Employment</b> (career interest, career exploration, job training, employment experiences and supports)	

Name:

DOB:

<b>Section 5: Recommendations to Assist the Student in Meeting Postsecondary Goals</b>	
<b>Related to Support:</b>	<b>Response to Materials and Instruction:</b>
<input type="checkbox"/> Check for understanding <input type="checkbox"/> Repeat or rephrase instructions/directions <input type="checkbox"/> Present one task at a time <input type="checkbox"/> Use of assignment notebook <input type="checkbox"/> Provide with progress reports <input type="checkbox"/> Supervision during unstructured time <input type="checkbox"/> Provide cues/prompt/reminders for rules/procedures <input type="checkbox"/> Offer choices <input type="checkbox"/> Provide note-taking assistance <input type="checkbox"/> Use of computer on campus <input type="checkbox"/> Use of a scribe/word processor <input type="checkbox"/> Use of peer tutor/staff assistance in _____ <input type="checkbox"/> Use of communication system <input type="checkbox"/> Other:	<input type="checkbox"/> Reduce/shorten test/ assignment /task <input type="checkbox"/> Extend time on in-class assignment/task <input type="checkbox"/> Use of notes for test/assignments <input type="checkbox"/> Provide open book for test/assignment <input type="checkbox"/> Differentiate projects or alternate assignments
	<input type="checkbox"/> Use books on tape and or CD <input type="checkbox"/> Modify assignments/tests to address identified needs of learning styles <input type="checkbox"/> Enlarge print <input type="checkbox"/> Provide closed caption <input type="checkbox"/> Use English language development materials <input type="checkbox"/> Use manipulative/study aides <input type="checkbox"/> Give test questions orally <input type="checkbox"/> Preview of test/assignments <input type="checkbox"/> Use of visuals aids: flash cards, maps, posters, clues
<b>Related to Health Care:</b>	<b>Settings:</b>
<input type="checkbox"/> Use a cue to be reminded to take medications <input type="checkbox"/> Take medication(s) under supervision <input type="checkbox"/> Other:	<input type="checkbox"/> Access a study carrel for task/assignment <input type="checkbox"/> Sit free from visual distractions <input type="checkbox"/> Use a quiet environment-free from excessive noise <input type="checkbox"/> Other:
<b>Assistive Tools</b>	
<input type="checkbox"/> Adaptive devices: _____ <input type="checkbox"/> Assistive services: _____	
<b>California High School Exit Exam Accommodations (accommodations needed on any subsequent attempts of the CAHSEE Exit Exam)</b>  Identify the allowable accommodations or modifications according to the California Department of Education testing Matrix and the IEP:	

## 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 (SOP)-Alternate Curriculum**

<b>Section 1: Background Information</b>		<b>Date:</b>
<b>Student Name:</b>	<b>DOB:</b>	
<b>Address:</b>	<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	
<b>Telephone:</b>	<b>Additional Phone Contact:</b>	
<b>Disability:</b>	<b>Primary Language:</b>	
<b>Current School:</b>		
<b>School Contact</b> (name of school office to call for information):		<b>Telephone Number:</b>
<b>Post School contact:</b> Division of Special Education District Office of Transition Services		<b>Website:</b> <a href="http://sped.lausd.net">http://sped.lausd.net</a> <b>Telephone Number:</b> (213) 241-8050

<b>Section 2: My Postsecondary Goals for After High School</b>	
<b>Learning:</b>	<b>My goal:</b>
	<b>School's recommendation to achieve goal:</b>
	<b>Agency Linkage:</b>
	<b>Address:</b>
	<b>Phone Number:</b>
<b>Work:</b>	<b>My goal:</b>
	<b>School's recommendation to achieve goal:</b>
	<b>Agency Linkage:</b>
	<b>Address:</b>
	<b>Phone Number:</b>
<b>Living:</b>	<b>My goal:</b>
	<b>School's recommendation to achieve goal:</b>
	<b>Agency Linkage:</b>
	<b>Address:</b>
	<b>Phone Number:</b>

**Name:**

**DOB:**

<b>Section 3: Student's Perspective</b>
<b>A. My strengths: I know I am competent on tasks involving</b>
<b>B. My disability affects my</b> (explain how your disability affects the following parts of your life)
<b>learning:</b>
<b>communication:</b>
<b>travel:</b>
<b>work:</b>
<b>friends and family:</b>
<b>play:</b>
<b>C. The following are supports which have helped me to be successful:</b>
<b>D. The following are additional accommodations which may work for me:</b>

**Name:**

**DOB:**

<b>Section 4: School's Perspective on Impact of Disability</b>	
<b>Areas of Functioning</b>	<b>Performance Level</b>
<b>Reading</b> (basic reading/decoding, reading comprehension, reading speed)	
<b>Math</b> (calculation skills, algebraic problem solving, quantitative reasoning)	
<b>Language</b> (written expression, speaking, spelling)	
<b>Learning Skills</b> (class preparation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)	
<b>Cognitive Areas</b>	
<b>General Ability and Problem Solving</b> (reasoning/processing)	
<b>Communication</b> (speech/language, assisted communication)	
<b>Functional Areas</b>	
<b>Social Skills and Behavior</b> (interactions with teachers/peers, levels of initiation in asking for assistance, degree of involvement in extracurricular activities, confidence and persistence as a leader)	
<b>Independent Living Skills</b> (self-care, leisure skills, personal safety, transportation, banking, budgeting)	
<b>Career-Vocational/Transition/ Employment</b> (career interest, career exploration, job training, employment experiences and supports)	

**Name:**

**DOB:**

<b>Section 5: Recommendations to Assist the Student in Meeting Postsecondary Goals</b>	
<b>Learning</b>	<b>Work</b>
<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 aides/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
<b>Living</b>	<b>Play</b>
<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"/> Begin the task for the student	<input type="checkbox"/> Accompany student to the activity
<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
<b>Travel</b>	<b>Community</b>
<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	
<b>Comments: (medications taken, assistive devices/equipment used, etc.)</b>	

## **Summary of Performance: Alternate Curriculum Directions**

The Summary of Performance (SOP) is required for all students with disabilities who graduate with a diploma, earn a certificate of completion, 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, which shall include recommendations on how to assist them in meeting their postsecondary goals. The SOP is a separate document from the IEP that condenses and organizes the key information that should follow the student to post-school activities. It is designed to assist the student in 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. School staff/teacher should assist the student in completing Sections 1, 2, and 3. School staff should complete sections 4 and 5.

### Procedures for completing the Summary of Performance: Alternate Curriculum

#### **Section 1: Student's Background Information**

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

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

With staff assistance, the student should indicate his/her post secondary goals within each appropriate area. Use picture cues, CBI experiences, and /or home inquiries to identify goals. School staff should complete Section 2 - School's Recommendation, and assist with agency information.

#### **Section 3: Student's Perspective**

Students should express in his/her own words their perception of their disability, its impact within various functioning areas and identify accommodations and supports that have been most useful. School staff and family should assist the student in completing this section.

#### **Section 4: School's Perspective on Impact of Disability**

Indicate the student's present level of performance in each functional area. The strengths should be written in a clear and concise manner that describes performance level.

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

Identify the modifications and accommodations the student may need to support the postsecondary goals. Check all that will support access into post school education or training, employment or when appropriate, independent living skills.

Upon completion of the SOP, provide one copy to the student and file one copy in the student's cumulative record.