

**PAUL BUNYAN COOPERATIVE - Summary of Performance**  
(To be completed at exit prior to graduation or aging out)

The Summary of Performance (SOP) is required under the authorization of the Individuals with Disabilities Education Act of 2004 and **must** be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's post secondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation and/or developmental disabilities.

**Student Information**

Student Name: \_\_\_\_\_ Final Case Manger: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Disability: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Year of Graduation/exit: \_\_\_\_\_

**Student's Post-Secondary Goals** - Complete with the student, using information from the present IEP/IIIP unless plans have changed since the development of the most recent IEP/IIIP, the post secondary goals may be transferred here.

**Employment:**

**Education:**

**Home/Independent Living:**

**Community/Recreation and Leisure:**

**Academic Achievements: BST/MCA Scores**

Writing: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_

**Effective Accommodations:** (a support or service that is provided to help a student fully access the general education curriculum or subject matter, does **NOT** change the content of what is being taught or the expectations that the student meet a performance standard applied for all students)

**Effective Modifications:** (a change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities)

**Assistive Technology:** (any device that helps a student with a disability function in a given environment)

**Adult/Community Contacts:** (coordination with outside agencies/personnel)

Agency: Name/Position:	Status: Phone:
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**Student's Self Advocacy Statement:** (to be completed by the student)

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_