SUMMARY OF PERFORMANCE UPON COMPLETION OF SCHOOL

(This is a summary of academic and functional performance provided for a student who had an IEP or a 504 Accommodation Plan and has graduated or aged-out. This summary includes recommendations for assisting the student to meet postsecondary goals.)

Student Name: _____

Date: _____

Social Security Number: _____

High School: _____

Disability: _____ IEP 504

Date of Initial Placement: _____

Name of School Psychologist: _____

Date of Last Evaluation: _____

Past Testing Results (Standard Scores)

Cognitive Assessment

TEST NAME	YEAR Standard Score
Full Scale	
Verbal Scale	
Performance Scale	

Achievement Assessment

TEST NAME	YEAR Standard Score	Grade Equivalent
Basic Reading		
Reading Comp.		
Basic Writing		
Written Expression		
Basic Math		
Math Reasoning		

Other Assessment Information:

Current academic achievement and functional performance:

Recommendations for assisting student to meet postsecondary goals: