

SUMMARY OF PERFORMANCE

Name: _____

Date of Birth: _____

RECOMMENDATIONS FOR POST-SCHOOL

Need Area	Recommended Accommodations & Modifications	Interagency, Linkages, Additional Comments
Post-Secondary Education or Vocational Training		Agency: _____ Contact Person: _____ Contact Number: _____ Address: _____ Email: _____ Website: _____
Employment		Agency: _____ Contact Person: _____ Contact Number: _____ Address: _____ Email: _____ Website: _____
Independent Living		Agency: _____ Contact Person: _____ Contact Number: _____ Address: _____ Email: _____ Website: _____
Community Participation		Agency: _____ Contact Person: _____ Contact Number: _____ Address: _____ Email: _____ Website: _____

Student Signature: _____ Date: _____

Signature and Title of Person Completing Form: _____ Date: _____