SUMMARY OF PERFORMANCE

Name: Date of Birth:

STUDENT PERSPECTIVE

This should be completed by the student or with the assistance of another adult.

1. **How does your disability affect you in the work environment? What strengths do you have in the work environment?**

2. **What strengths and needs should professionals know about you as you enter the post-secondary education or work environment?**

3. **How does your disability affect your schoolwork and school activities (e.g. grades, assignments)?**

4. **Complete the table below by identifying the accommodations and supports that have been tried by teachers or by you (e.g. pacing, extra time, visual supports, adaptive equipment) to help you succeed in school. Please indicate whether each one was effective or not effective:**

Accommodations / Supports	Effective	Not Effective
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Information completed by:

☐ Student ☐ Parent ☐ Teacher ☐ Other Support Team: _____

☐ Independently ☐ With adult assistance