

# 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:**

---

---

---

---

---

---

---

---