

Miami Dade County Public Schools Exceptional Student Education

SUMMARY OF PERFORMANCE (SOP)

This form must be completed and provided to students with disabilities whose eligibility under special education is terminating due to graduation with a standard diploma or due to exceeding age of eligibility for Free and Appropriate Public Education (FAPE). Student input is required.

Part 1: Background Information

	SOP Completion	SOP Completion Date:	
Student Name:	Student ID #:	Date of Birth:	
Current School:	Expected Date of	Expected Date of Graduation/Exit:	
Student's Primary Exceptionality:	Date of most rec	Date of most recent IEP:	
Other exceptionality(ies), if applicable:			

Part 2: Summary of Academic and Functional Performance

Write a summary of the student's academic and functional performance that may include, but is not limited to, data from report cards, reports of standardized test results, reports of progress towards meeting IEP goals, self-determination inventory, and career portfolio.

Area	Summary
Reading and Writing:	
Mathematics:	
Social Skills/Behavior:	
Independent Living Skills:	
Environmental Access/Mobility:	
Self-Determination/Self- Advocacy Skills:	
Career – Vocational, Transition, Employment:	

Part 3: Student's Postsecondary Goals

Write goals that indicate the post-high school environments in which the student intends to transition to upon completion of high school. IEP transition information such as employment, postsecondary education, independent living, and community participation should be considered.

1.		
2.	 	
3.		
4.		

Part 4: Recommendations to Assist the Student in Meeting Postsecondary Goals

Recommendations for accommodations, adaptive devices, assistive technology, and/or support services that the student may require in order to be successful in postsecondary environments.

Postsecondary Environments	Recommendations
Education and Training	
Employment	
Independent living	
Community Engagement	

Part 5: Student Input

1. How does your disability affect your schoolwork and school activities (such as grades, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?		
2. What accommodations and supports have worked best for you? Why do you think they worked best?		
3. What accommodations and supports have not worked? Why do you think they did not work?		
4. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?		
5. What areas do you think you need to improve upon (communication, self-advocacy, study skills, etc.)?		

Student's Signature

Date

Local Education Agency Representative's Signature

Date