

**Connecticut State Department of Education (CSDE)**  
**Bureau of Special Education (BSE)**

**SUMMARY OF PERFORMANCE (SOP)**

*(Document intended for internal use only – data must be entered in CT-SEDS)*

**Instructions**

**Purpose:**

A Summary of Performance (SOP) is required for each student with an individualized education program (IEP) whose eligibility under the Individuals with Disabilities Education Act (IDEA) terminates due to graduation from secondary school with a regular high school diploma, or due to exceeding the age of eligibility for a free appropriate public education (FAPE). Pursuant to the IDEA, the local education agency “*shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals*”.

[Authority: 20 United States Code §1414(C)(5)(B)(ii)]

[Authority: 34 Code of Federal Regulations §300.305(e)(3)]

The SOP, with accompanying documentation, is important to assist the student in the transition from high school to higher education, training and/or employment. This information is necessary under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to establish a student’s eligibility for reasonable accommodations and supports in *postsecondary* settings. The information about student’s current level of functioning is intended to help postsecondary institutions consider accommodations for access. The recommendations outlined in Part 4 of the SOP do not imply that any individual who qualified for special education in high school will qualify for services in the postsecondary education or the employment setting, or for services/supports from adult agencies (e.g., Bureau of Rehabilitation Services (BRS), Bureau of Education and Services for the Blind (BESB), Department of Developmental Services (DDS)). Postsecondary settings and adult agencies continue to make eligibility decisions on a case-by-case basis.

The SOP is most useful when the student has the opportunity to actively participate in the development and completion of this document.

The SOP **must** be completed during the final year of a student’s high school education. The timing of completion of the SOP may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SOP, with accompanying documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services/supports from adult agencies (e.g., BRS, BESB, DDS). In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer the most updated information on the performance of the student.

Best practice is to review the final SOP in person with the student (and parent(s), when appropriate). A formal planning and placement team (PPT) meeting does not need to be initiated to review the SOP. The SOP should be kept with a student’s special education records. It should not be attached to the student’s final IEP or PPT packet.

**Part 1:**

**Student Demographic Information** – Complete this section as specified. Please note this section also requests that you provide copies of the **most recent** formal and informal assessment reports that document the student’s disability or functional limitations and provides information to assist in post-high school planning.

**Part 2:** **Student's Postsecondary Goals** – These goals should identify the post-school environment(s) the student intends to transition to upon completion of their high school education. Each student is required to have measurable postsecondary goals in education or training **and** employment, and if appropriate, independent living skills (which may include community participation). This information can be obtained by utilizing the postsecondary goals on the student's current IEP.

**Part 3:** **Summary of Performance** – The completion of this section may require the input from a number of school personnel including the special education teacher, general education teacher, school psychologist, or related services personnel. It is recommended, however, that one individual be responsible for collecting and organizing the information required on the SOP. This section includes two critical areas: Academic/Cognitive Achievement and Functional Performance. Next to each specified area, please complete the student's present level of performance and the accommodations, modifications, and/or assistive technology that were **essential** in high school to assist the student in making progress. If not applicable, please specify the reason (e.g., age-appropriate, skills mastered, etc.)

**Accommodations** are changes to instruction (such as materials, content enhancements, and tasks) that change how a student learns. Accommodations may include assistive technology devices and services. Accommodations do not fundamentally alter the grade level requirements or course expectations.

**Modifications** are changes to the content, which affect what the student learns. Modifications include changes in the curricular content standards or the performance expectations. Modifications are not allowed in most postsecondary education environments.

**Assistive Technology (AT) Device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a student with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

**Part 4:** **Recommendations to Assist the Student in Meeting Postsecondary Goals** – This section should present suggestions for accommodations, assistive technology, compensatory strategies, and/or support services that the student may need to improve access in a **post-high school** environment, including higher education, training, employment, independent living, and/or community participation. If not applicable, please specify the reason (e.g., age-appropriate, skills mastered, etc.). It should include any steps or activities, which may include agency linkages, that still need to take place after the student leaves school to help the student to achieve the student's postsecondary goals.

**Part 5:** **Student Input** – **The student should contribute to the development and completion of the SOP.** The student can contribute by completing this section independently, or with assistance from an educator. The student should also be encouraged to contribute to the development and completion of all sections of this document, as appropriate. Student involvement makes the SOP a more meaningful to the student as they move to postsecondary and work environments.

**Resources:** A copy of this Summary of Performance (SOP) and the revised SOP Frequently Asked Questions (FAQs) can be found on the [Secondary Transition – Planning From School to Adult Life](#) webpage, under Documents and Forms. Resources and tools related to the PSOS can be found on the [IDEA Part B Indicator 14: Post-School Outcomes and the CT Post-School Outcomes Survey](#) webpage.

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[Authority: 20 United States Code §1414(C)(5)(B)(ii)]

[Authority: 34 Code of Federal Regulations §300.305(e)(3)]

**Part 1 – Student Demographic Information**

<b>Student Name:</b>	_____	<b>Date of Birth:</b>	_____
<b>SASID:</b>	_____	<b>Primary Language:</b>	_____
<b>Address:</b>	_____		_____
<b>Telephone Number:</b>	_____	<b>Current School:</b>	_____
<b>Year of Graduation/Exit:</b>	_____		_____
<b>Form filled by (Name):</b>	_____	<b>Date SOP was completed:</b>	_____
<b>Form filled by (Phone):</b>	_____	<b>Date SOP was reviewed with student:</b>	_____
	_____		_____
<b>Student’s Primary Disability:</b>	_____	<b>Formal Eligibility Date:</b>	_____
<b>Student’s Secondary Disability:</b>	_____		_____
(if applicable)	_____		_____
<b>Most Recent IEP Begin Date:</b>	_____		_____

What is the student’s personal email address and cell phone number (used for Post-School Outcome Survey purposes only)?

<b>Student Phone:</b>	_____	<b>Student Email:</b>	_____
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Please attach copies of the most recent assessment reports that address academic, cognitive, and functional performance and were instrumental in making a determination of the student’s disability or diagnosis and/or that will assist in postsecondary planning.

**Part 2 – Student’s Postsecondary Goals**

<b>Education or Training</b>	_____
(Required)	_____
<b>Employment</b>	_____
(Required)	_____
<b>Independent Living Skills</b>	_____
(If applicable)	_____

### Part 3 – Summary of Performance

Academic/Cognitive Achievement Areas	Present Level of Performance (grade level, data/assessment information, strengths, concerns/needs)	Essential accommodations (modifications, and/or assistive technology utilized in high school.)
Reading		
Writing		
Mathematics		
Pre-Academic		
Other		

Functional Performance Areas	Present Level of Performance (grade level, data/assessment information, strengths, concerns/needs)	Essential accommodations (modifications, and/or assistive technology utilized in high school.)
General Ability and Problem Solving (reasoning ability/processing speed)		
Attention and Executive Functioning (energy level, sustained attention, memory functions, impulse control, activity level)		
Learning Skills (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills, testing accommodations)		
Communication (verbal and non-verbal, sign language, augmentative communication)		
Social Skills/Behavior (interactions with teachers/peers, asking for assistance, responsiveness to services/supports, confidence and persistence as a learner, emotional and behavioral concerns)		
Independent Living Skills (including Community Participation) (self-care, leisure skills, personal safety, transportation, banking/budgeting)		
Environmental Access/Mobility (assistive technology, mobility, transportation)		
Self-Determination/Self-Advocacy (understanding of disability, can explain how disability affects learning, knows when/why to disclose disability, can articulate postsecondary goals, identifies strengths and needs, level of independence, identifies learning style(s), asks for assistance with independence)		
Career-Vocational/Transition/Employment (career interests, career exploration opportunities, job training opportunities, employment experiences and supports, workplace/soft skills)		
Additional Considerations (medical concerns, family concerns, other information that might assist in making decisions about accommodations)		

## Part 4 – Recommendations to Assist the Student in Meeting Postsecondary Goals

**Post-High School Environment:**

**Recommendations to Assist the Student in Meeting Postsecondary Goals**

**Agency Linkages/Contact Information**  
(Agency, Address, Phone, Website) / (Contact Person, Title, Phone Number, Email Address)  
(include both agencies currently contacted and those that may need to be contacted)

Higher Education or Vocational Training:

Employment:

Independent Living (may include Community Participation):

## Part 5 – Student Input

### Summary of Performance: Student Perspective

**A. How or in which area(s) does your disability affect your schoolwork and school activities?** (check all that apply)

- ☐ Assignments
- ☐ Communication
- ☐ Extra-Curricular Activities
- ☐ Grades
- ☐ Mobility
- ☐ Projects
- ☐ Relationships
- ☐ Time on Tests

**Please describe how these areas are affected:**

**B. In the past, what supports have been tried by teachers or by you to help you succeed in school?** (check all that apply)

- ☐ Adaptive Equipment
- ☐ Adult Support
- ☐ Alternative Assignments
- ☐ Assistive Technology
- ☐ Extra Time Tests/Assignments
- ☐ Physical Accommodations
- ☐ Study Hall
- ☐ Teacher Notes
- ☐ Other (please describe):

**C. Which of these accommodations, assistive technologies, and supports *have worked* BEST for you? Why?**

**D. Which of these accommodations, assistive technologies, and supports *have NOT worked*? Why not?**

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**E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?**

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**F. Are you independent in advocating for your needs?**

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## **Other State Agencies**

### **Department of Aging and Disability Services (ADS)**

55 Farmington Avenue, 12th Floor  
Hartford, CT 06105  
800-537-2549; 860-247-0775 (TTY)  
Website: <https://portal.ct.gov/AgingAndDisability>

### **Bureau of Education Services for the Blind (BESB)**

Department of Aging and Disability Services  
184 Windsor Avenue  
Windsor, CT 06095  
860-602-4000; 860-602-4224 (TDD)  
Website: <https://portal.ct.gov/AgingandDisability/Content-Pages/Bureaus/Bureau-of-Education-and-Services-for-the-Blind>

### **Bureau of Rehabilitation Services (BRS)**

Department of Aging and Disability Services  
860-537-2549; 860-247-0775 (TTY)  
Website <https://portal.ct.gov/AgingandDisability/Content-Pages/Bureaus/Bureau-of-Rehabilitation-Services>

### **Deaf and Hard of Hearing Counseling Unit**

Department of Aging and Disability Services  
184 Windsor Avenue  
Windsor, CT 06095  
800-697-3560 (Voice); 860-899-1648 (Videophone)  
Website: <https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/Deaf-and-Hard-of-Hearing-Counseling>

### **Department of Developmental Services (DDS)**

460 Capitol Avenue  
Hartford, CT 06106  
860-418-6000; 860-418-6079 (TDD)  
Website: <https://portal.ct.gov/dds>

### **Department of Mental Health and Addiction Services (DMHAS)**

410 Capitol Avenue  
P.O. Box 341431  
Hartford, CT 06134  
860-418-7000  
Website: <http://www.ct.gov/dmhas>

### **Department of Public Health (DPH)**

410 Capitol Avenue  
Hartford, CT 06134  
860-509-8000  
Website: <http://www.ct.gov/dph>