

SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (ANNOTATED)

Student Name: \_\_\_\_\_

**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (ANNOTATED) School Age**

**ANNOTATION:**  
 The LEA is required to provide the *Summary of Academic Achievement and Functional Performance (SAAFP)* to students with disabilities who are exiting high school. This form was previously called the *Summary of Performance*.

*SAAFP* is not required for students who exit under GED or certificate of attendance.

The purpose of this form is to assist students with information regarding their academic achievement and functional performance. This summary must include recommendations on how to assist the student in meeting postsecondary goals. By providing recommendations on how to assist the student in meeting his or her postsecondary goals, the *SAAFP* can serve as a "bridge" that addresses the next steps necessary to complete the transition process that has been ongoing for several years. It is recommended that the information contained within the *SAAFP* is part of ongoing secondary transition planning beginning at age 14 and that the student is knowledgeable of the content contained within this document prior to graduation.

Student Name: \_\_\_\_\_

District/School Name: \_\_\_\_\_

Date Summary Issued to Student (mm/dd/yy): \_\_\_\_\_

Dear \_\_\_\_\_ :

Now that you have graduated or are beyond school age, we are providing you with a *Summary of Academic Achievement and Functional Performance* to assist you in planning for the future. This summary is divided into four parts. Part 1 provides information we currently maintain about you. Part 2 summarizes your academic achievement and functional performance in school. Part 3 provides recommendations for assistance you may need to meet your postsecondary goals. Part 4, which is optional, gives you a chance to provide information related to your achievement and performance.

**Part 1: Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation/Exit: Circle Graduation or Exit

Student Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current School Phone: \_\_\_\_\_

**Part 2: Summary of Student Performance**

ACADEMIC ACHIEVEMENT (if appropriate)	ACCOMMODATIONS	RECOMMENDATIONS

**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (ANNOTATED)**

Student Name:


**ANNOTATION:**

The *SAAFP* should:

- Summarize individual student abilities, skills, needs and limitations
- Provide recommendations to support successful transition to adult living, learning and working
- Include input from a number of individuals including the student, parent, special education teacher, regular education teacher, Career/Tech Ed Teacher, Transition Coordinator, school psychologist, related services personnel or agency representatives
- Be designed to assist the student in identifying supports in postsecondary settings, the workplace and the community
- Help the student better understand the impact of his/her disability and articulate individual strengths and needs as well as supports that would be helpful in post school life

This section should contain a summary of the student's educational program (i.e. course of study) and related instructional performance levels as they relate to meeting the student's postsecondary goals. Include in this section the effective accommodations, modifications, assistive technology and instructional strategies that have been utilized to assist the student in his/her educational program.

This section could include reading, mathematics, writing, and other related academic areas. The purpose of this document is to assist the student to advocate for services after high school. The completion of this section may require input from a number of other personnel.

<b>FUNCTIONAL PERFORMANCE (if appropriate)</b>	<b>ACCOMMODATIONS</b>	<b>RECOMMENDATIONS</b>
Career/Vocational		
Social Skills and Behavior		
Independent Living Skills		

**ANNOTATION:**

This section should contain a summary of the student's educational program related to functional performance levels as they relate to meeting the student's postsecondary goals (in the first column titled Functional Performance).

Include in the second column (Accommodations) the effective accommodations, modifications, assistive technology and instructional strategies that have been utilized to assist the student in his/her educational program.

Finally, the third column (Recommendations) could include recommendations for the student to self-advocate, maintain, or obtain the accommodations that he/she needs to be successful in post-school life. The completion of this section may require input from a number of other personnel.

**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (ANNOTATED)**

Student Name:

**Part 3: Recommendations to Assist Student in Meeting Postsecondary Goals**

POSTSECONDARY GOALS	NEXT STEPS	OFFICE/AGENCY	CONTACT INFORMATION	REASON FOR CONTACT
Postsecondary Education and Training:				
Employment:				
Independent Living:				

**ANNOTATION:**

First list the student's postsecondary goals in the column on the left under, "Postsecondary Goals." Then, list the recommendations to help the student reach his/her postsecondary goals in the column marked, "Next Steps." These recommendations should answer the questions, "what do I do next?" Included in this section are suggestions for accommodations, adaptive devices, compensatory strategies, assistive technology or support services to enhance access in a postsecondary environment, including postsecondary education/training programs, employment, or independent living areas. An example of this might be for the student to contact the disabilities services office at the college or university the student will be attending.

The next two columns, "Office/Agency" and "Contact Information" should inform the student of who to contact in order to complete the "Next Step." For example, the Office/Agency may be the Penn State University Disabilities Services Office. Contact Information may be the phone number/email address of the office.

The fifth column, "Reason for Contact" contains an explanation for the contact related to the "Next Step" and "Office/Agency" to be contacted. For example, the "Next Step" is to contact the disabilities services office at the college or university the student will be attending. The reason for the contact is to obtain needed instructional accommodations.

Please note that when completing this section, employers, colleges, and adult agencies have different expectations and requirements. Do not make recommendations in the *SAAFP* that employers, colleges, and adult agencies are not required to provide. Post school entities make eligibility decisions on a case-by-case basis and these recommendations do not imply that the services and supports a student qualified for in high school will automatically be provided in the post school setting.

**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (ANNOTATED)**

Student Name:

**Part 4: Student Perspective (Optional)**

Please answer the following questions based upon your high school experiences:

In the past, what supports have been tried by teachers or by you to help you succeed in school (e.g., aids, adaptive equipment, physical accommodations, other services)?

Which of these accommodations and supports has worked best for you?

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

**ANNOTATION:**

This optional section provides the student with the opportunity to state what supports and services have helped him/her to be successful in high school, and what services or supports will be needed in the future. The inclusion of this section can promote self advocacy including the development of an understanding by the student of his/her disability and its impact on post school activities.

We have enclosed a copy of this document for you to share with your parents. We also will place a copy in our records. If you have questions concerning this document, please contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

For help in understanding this form, an annotated *Summary of Academic Achievement and Functional Performance* is available at [www.pattan.net](http://www.pattan.net) Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

**ANNOTATION:**

Parents may be an integral part of their son/daughter's post school goals. Having a copy of the *Summary of Academic Achievement and Functional Performance* will be helpful to parents in assisting their son/daughter to meet his/her post-school outcomes.

The original copy is provided to the student. An additional copy is sent to the parent(s), and the LEA retains a copy for its records.