



**GOGEBIC-ONTONAGON  
 INTERMEDIATE SCHOOL DISTRICT  
 BERGLAND, MICHIGAN 49910  
 (906) 575-3438**

**ACADEMIC AND FUNCTIONAL SUMMARY OF PERFORMANCE**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ District: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

This student is expected to:

Graduate with a regular high school diploma on : \_\_\_\_\_ or  Achieve a certificate of completion on: \_\_\_\_\_

Student's Post-Secondary Goals (from the last IEP dated: \_\_\_\_\_)

Post-Secondary Education/Training: After high school, what additional education and training do you want?

Summary of Academic Performance:

	Cognitive	Reading	Writing	Math
Test Name				
Test Date				
Scores (GLE or Standard)				

MME Scores:

ELA \_\_\_\_\_

Science \_\_\_\_\_

S.S. \_\_\_\_\_

Math \_\_\_\_\_

Modifications/Accommodations Needed for Success in General Curriculum (as per IEP):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Extended Time         | <input type="checkbox"/> Calculator        | <input type="checkbox"/> Note Taker              |
| <input type="checkbox"/> Test Read             | <input type="checkbox"/> Tutor or Para pro | <input type="checkbox"/> Voice Recording Device  |
| <input type="checkbox"/> Books on Tape         | <input type="checkbox"/> Quiet Area        | <input type="checkbox"/> Planner/Organizer       |
| <input type="checkbox"/> Assistive Technology: | <input type="checkbox"/> Other:            | <input type="checkbox"/> Small group instruction |
| Specific Tools Used _____                      |  |  |

Summary of Functional Performance/Functional Skill Strengths and Limitations: **S** = Strength    **N** = Has Needs (Please describe)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Self-Care             | <input type="checkbox"/> Communication Skills       | <input type="checkbox"/> Self-Direction |
| <input type="checkbox"/> Independent Living    | <input type="checkbox"/> Attendance/Time Management | <input type="checkbox"/> Employment     |
| <input type="checkbox"/> Medical Conditions    | <input type="checkbox"/> Mobility                   | <input type="checkbox"/> Money Skills   |
| <input type="checkbox"/> Organizational Skills |   |   |
| Other: _____                                   |   |   |

Supports/Recommendations to Assist Student in Meeting Post-Secondary Goals:

- |  |   |
|--|---|
| <input type="checkbox"/> MRS (Michigan Rehabilitation Services-Employment) | <input type="checkbox"/> Michigan Works                 |
| <input type="checkbox"/> CMH (Community Mental Health)                     | <input type="checkbox"/> Housing Services               |
| <input type="checkbox"/> Disability Services – College Supports            | <input type="checkbox"/> Brochure of Agencies/Resources |
| <input type="checkbox"/> SSI (Social Security Office)                      | <input type="checkbox"/> Other: (List)                  |
| <input type="checkbox"/> Ongoing Medical Treatment for: _____              |   |

Additional Comments/Suggestions for Student Success (attach documentation if needed):