

## **Summary of Performance: Student Perspective**

- A. What is your disability?
- B. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities, etc.):
- C. In the past, what accommodations/supports have been tried with teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, and/or other services)? Check appropriate response:

<u>Accommodations</u>	<u>Worked</u>	<u>Didn't Work</u>	<u>Never Used</u>
Extended Time	_____	_____	_____
Test Read	_____	_____	_____
Quiet Area	_____	_____	_____
Note Taker	_____	_____	_____
Voice Recording Device	_____	_____	_____
Books on Tape	_____	_____	_____
Assistive Technology	_____	_____	_____
Calculator	_____	_____	_____
Tutor	_____	_____	_____
Planner/Organizer	_____	_____	_____
Small Group Instruction	_____	_____	_____
Reduced Assignments	_____	_____	_____
Other:	_____	_____	_____

- D. What strengths and needs should others know about you as you enter the post-secondary education or work environment?

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School District: \_\_\_\_\_ Birthdate: \_\_\_\_\_