

**STATE SELPA IEP TEMPLATE**  
**SUMMARY OF THE STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Student Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_ Summary Date \_\_\_/\_\_\_/\_\_\_\_  
Date of Initial IEP \_\_\_/\_\_\_/\_\_\_\_ Date of Most Recent IEP \_\_\_/\_\_\_/\_\_\_\_  
Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_ Native Language \_\_\_\_\_  
EL  Yes  NO

If the student is an English Learner, list services provided to assist the student \_\_\_\_\_

Summary Completed by: \_\_\_\_\_

**Please Note: Your District/LEA is mandated to contact you one year after you finish your school program to determine your schooling/job status. Please indicate the ways in which you can be contacted:**

- Social Media Accounts (Facebook, Twitter): \_\_\_\_\_
- Cell Phone #: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Reason for Exit** (check the one that applies):

- Graduated per District's requirements/policy earning a regular high school diploma
- Reached age 22 and earned a Certificate of Completion and is no longer eligible for special education
- Received a Certificate of Completion

**SUMMARY OF STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**Strengths/Interests/Learning Preferences:** \_\_\_\_\_

\_\_\_\_\_

**Pre-Academic/Academic/Functional Skills (Note results of any general state or district-wide assessments):**

\_\_\_\_\_

**Cognitive Abilities:**

\_\_\_\_\_

**Communication Skills:**

\_\_\_\_\_

**Motor Skills (Fine/Gross):**

\_\_\_\_\_

**Health:**

\_\_\_\_\_

**Social/Emotional/Behavioral:**

\_\_\_\_\_

**Self-Help/Adaptive:**

\_\_\_\_\_

**STATE SELPA IEP TEMPLATE**  
**SUMMARY OF THE STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

---

**STUDENT'S POST-SECONDARY GOAL(S):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**If employment is the primary goal, student's top three job interests:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Recommendations to assist the student in meeting post-secondary goals:**

1. Higher Education or Career-Technical Education:  
\_\_\_\_\_  
\_\_\_\_\_
2. Employment:  
\_\_\_\_\_  
\_\_\_\_\_
3. Independent Living:  
\_\_\_\_\_  
\_\_\_\_\_
4. Community Participation:  
\_\_\_\_\_  
\_\_\_\_\_

**AGENCY LINKAGES** (check agencies known to be working with the individual or could be a resource to the individual)

Agency Contact Person and Phone Number, If known

- Regional Center
- California Children's Services (CCS)
- Department of Health and Human Services
- Mental Health Services
- Employment Development Department
- California Department of Rehabilitation
- Community College/University Disabled Student Services
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Additional Information** such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation contact

Name of School District \_\_\_\_\_  
School District's Phone number \_\_\_\_\_  
Title of Contact Person \_\_\_\_\_  
Best if contact is made no later than \_\_\_/\_\_\_/\_\_\_\_