

System: _____ Current School: _____ Current Teacher: _____
 Student Name: _____ DOB: _____ ID#: _____ Graduation/Exit Date: _____ Type of Exit: ___ High School Diploma ___ Aged Out
 Initial Evaluation Date: _____ Current Evaluation Date: _____ Current IEP Date: _____ Primary Exceptionality: _____ Secondary Exceptionality: _____
 Exit Document: ___ Louisiana High School Diploma ___ Louisiana High School Equivalency Diploma (Passed GED) ___ Certificate of Achievement ___ Certificate of Skill Completion
 ACT Composite Score: _____ SAT I/II Composite Score: _____ Work Keys Level: _____ TABE Total Battery: _____ Compass Score: ___ Other: _____

SUMMARY OF PERFORMANCE:

Academic/Cognitive Area	Present Level of Performance	Accommodations/Modifications/Assistive Technology
Reading		
Math		
Written Language		
Communication		
Independent Living		
Transportation		
Social/Behavior		
Career/Vocational		

RECOMMENDATIONS FOR POSTSECONDARY:

Postsecondary Area	Student/Family	School District
Higher Education/Career-Technical Education		
Employment		
Independent Living		
Community Participation		

Student Signature: _____ Date: _____