

Hart County School District

04/2011

NAME OF STUDENT: _____
FIRST MIDDLE LAST

DATE OF SUMMARY: _____
MONTH/DAY/YEAR

BIRTHDATE: _____ AGE: _____
MONTH/DAY/YEAR

DATE OF GRADUATION: _____
MONTH/DAY/YEAR

DISTRICT/AGENCY: _____

Check the student's primary disability category:

- | | | |
|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Deafness or Hearing Impairment |
| <input type="checkbox"/> Emotional Behavior Disabled | <input type="checkbox"/> Functional Mental Disability | <input type="checkbox"/> Mild Mental Disability |
| <input type="checkbox"/> Multiple Disabilities (list the two concurrent disabilities) _____ & _____ | | |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment |

List any related services provided to the student (e.g., speech therapy, transportation, occupational therapy, physical therapy, counseling): _____

Summary of Academic Achievement and Functional Performance: Provide the most recent evaluation data, current grades, GPA, levels of functioning, and progress made toward achieving post-secondary goals related to training, education, employment, and independent living skills.

Recommendations for assisting the student in meeting his or her post-secondary goals: Provide information about activities, modifications, accommodations, assistive technology, and strategies that enable the student to be successful in reaching post-secondary goals.

Team Participant Signatures:

Name	Title
	Student
	Special Education Teacher
	Regular Classroom Teacher
	District Representative
	Agency Representative
	Parent (s)

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