ECATS

Student:	Student UID#	DOB:
School:	Grade:	Age:

SECONDARY TRANSITION – SUMMARY OF PERFORMANCE

Student Demographics

Address:	Email Address:	Graduation Date:
Home Phone:	Cell Phone:	Alternate Phone:
Course of Study:		

Transition Assessments

Formal Assessments: (include information from academic/psychological/adaptive behavior/vocational assessments)

Informal Assessments: (include information from dream sheets, parent/teacher/student interviews, ecological observations, task analysis, etc.)

C: EC File, Parent/Guardian   Student UID#: _____

Post-School Goals

Include appropriate measurable post-school goals from the student's most recent transition plan.

Employment Goal:	
Education Goal:	
Independent Living Goal: (if applicable)	

Summary of Educational Performance

Include the student's present level of academic achievement and functional performance, accommodations and modifications required to be successful in school.

Area	Summary
Academic Performance	
Functional Performance	
Accommodations	
Modifications	

Assistive Technology

Include assistive technology devices essential to the student's success in postsecondary settings. Indicate whether the device(s) is for academic and/or functional performance.

AT Device	Academic		Functional		N/A
	Yes	No	Yes	No	

Student UID#: _____

Recommendations

Include recommendations to assist the student in meeting postsecondary goals to enhance success in post-school setting.

Area(s)	Recommendation(s)
Accommodations	
Assistive Technology	
Assistive Services	
Compensatory Strategies	
Support Services	

Student UID#: _____

Other: _____	
Other: _____	

Post-School Outcomes Survey

This Summary of Performance will help us contact you after you graduate from high school. We want to learn from former students how we can make high school transition better in North Carolina. One year after you leave high school, we will contact you to take a survey about what you are doing after high school. It's quick, easy and important!