

Summary of Academic Achievement and Functional Performance (SAAFP)

Student Information

Student Name: _____ Date of Birth: _____ Gender: _____

Student Address: _____ Primary Phone #: _____

_____ Cell Phone #: _____

_____ Email Address: _____

School Attended: _____ School Phone #: _____

SAAFP Completed by: _____ Position: _____ Phone # _____

Email Address (if available): _____

Date Summary was Provided to Student: _____ Date of Graduation / Exit: _____

Student's Alabama High School Diploma Pathway: <input type="checkbox"/> General Education Pathway <input type="checkbox"/> Essentials Pathway <input type="checkbox"/> Alternate Achievement Standards Pathway	Date of most recent Eligibility report provided to the student: _____ Date of most recent IEP provided to the student: _____
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This Summary of Academic Achievement and Functional Performance (SAAFP) document is being provided to this student to assist him/her in planning for the future. This information will be useful in the transition from high school to higher education, training, employment, and/or adult services. The document summarizes the student's academic and functional performance in school, the progress and accommodations/modifications, and gives the student an opportunity to provide information related to his/her achievement(s) and performance.

Summary of Student's Academic and Functional Performance: (Based on previous assessments and tied to the student's postsecondary goals, summarize the student's abilities, skills, needs, and limitations, if appropriate, to assist them in meeting their postsecondary goals.)

Academic Achievement (Reading, Math, Language, Learning skills)	Accommodation(s)	Recommendation(s)

Student Name: _____

Date of Birth: _____

Functional Performance (If appropriate)	Accommodation(s)	Recommendation(s)
Career/Vocational		
Social Skills and Behavior		
Communication		
Self-Advocacy Skills		
Independent Living Skills		
Medical/Family Concerns		

Postsecondary Goals:

Postsecondary Education/Training Goal:

<input type="checkbox"/> Student will be prepared to participate in a 2- to 4-year postsecondary education program based on completion of graduation requirements and meeting college admission requirements.
<input type="checkbox"/> Student will be prepared to participate in a long-term certificate pathway or long-term apprenticeship program based on completion of graduation requirements and meeting certificate program requirements and/or apprenticeship requirements.
<input type="checkbox"/> Student will be prepared to participate in a short-term certificate pathway program or pre-apprenticeship program based on completion of graduation requirements and meeting certificate program requirements and/or pre-apprenticeship requirements.
<input type="checkbox"/> Student will be prepared to participate in on-the-job training based on completion of IEP goals, high school program, and submission of application for supported employment.
<input type="checkbox"/> Student will participate in time-limited pre-employment services in order to prepare student to participate in Supported Employment services.
<input type="checkbox"/> Other: Write an appropriate goal for the student based on the needed Transition Services.

Recommendations to assist the student in meeting this goal:

Detailed information about the goal.	Recommendations to assist in meeting this goal

Student Name: _____

Date of Birth: _____

Employment/Occupation/Career Goal:

<input type="checkbox"/>	Student will reach college and career readiness by potentially earning an industry career credential.
<input type="checkbox"/>	Student will be prepared to participate in competitive integrated employment with no need for support based on successful completion of career exploration, community-based work, and/or cooperative education experience.
<input type="checkbox"/>	Student will be prepared to participate in competitive integrated employment with time-limited support based on successful completion of career exploration, community-based work experiences, and/or cooperative education experience.
<input type="checkbox"/>	Student will be prepared to participate in supported employment which will include community-based assessment, job development, job coaching, and extended support needed to meet his/her employment needs based on successful completion of school-based work experiences, community-based career exploration, and application for supported employment services.
<input type="checkbox"/>	Student will be prepared to participate in pre-employment services to increase the likelihood for community-based integrated employment based on IEP goals, individual or parental choice (requires application for adult services) in order to acquire skills needed for competitive integrated employment through supported employment services.
<input type="checkbox"/>	Other: Write an appropriate goal for the student based on the needed Transition Services.

Recommendations to assist the student in meeting this goal:

Detailed information about the goal.	Recommendations to assist in meeting this goal

Community/Independent Living Goal:

<input type="checkbox"/>	Student will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living options.
<input type="checkbox"/>	Student, with time-limited support, will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living and support options.
<input type="checkbox"/>	Student will be prepared to participate in community activities and live semi-independently with ongoing infrequent support based on independent living skill level achieved, identification of options, and/or application for adult services.
<input type="checkbox"/>	Student will be prepared to live in a group home or other supported environment with full-time support based on independent living skill level achieved and application for adult services.
<input type="checkbox"/>	Student will be prepared to live with parents, guardian, or relatives based on parental preference and independent living skill level achieved.
<input type="checkbox"/>	Other: Write an appropriate goal for the student based on the needed Transition Services.

Recommendations to assist the student in meeting this goal:

Detailed information about the goal.	Recommendations to assist in meeting this goal

Student Name: _____

Date of Birth: _____

Student Input / Comments:

1. What supports or accommodations have helped you succeed in school? How did they help you?

2. Which supports or accommodations has not helped you?

3. What supports or accommodations do you feel you will need to continue to achieve your postsecondary goals?

4. What services have helped you succeed in school?

5. What strengths and needs should professionals know about you as you enter the postsecondary work environment?

6. What has been the most difficult for you in school?

Youth can provide valuable information about how things are going within the year after they have exited school. Since you are exiting high school this year, someone from your school may contact you next year or meet with you to take a survey about your work or your further training. This survey is called the Alabama Post-School Outcomes Survey. This person from your school will ask you questions on the survey and will record your answers, along with the answers of many other students who exited school the same year that you did. This survey is very important. This survey helps schools and agencies understand how successful youth are meeting their goals for life after school and helps them improve their work in order to help other students achieve their goals.

I have reviewed this document with my teacher/service provider and was provided a copy.

Student's Signature: _____

Date: _____

Signature of LEA staff providing copy to the student: _____

Date: _____

Name of Parent/Guardian: _____

Address 1: _____

Home Phone#: _____ Work Phone#: _____

Address 2: _____

Cell Phone#: _____

City/State: _____

Email Address: _____

Zip: _____

Parent/Guardian Signature: _____

Date: _____