# Student Exit Summary

Student Name: Date of Birth: Date of Graduation/Exit:

**Type of Diploma or Exiting Credential:** [ ]  **Regents Diploma** [ ]  **Local Diploma [ ]  High School Equivalency Diploma**

[ ]  **Career Development and Occupational Studies Commencement Credential**

 [ ] **Skills and Achievement Commencement Credential**

Contact Person Name: Title:

Phone Number: Date Completed:

PART I: SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

| **AREA** | **Present Level of Performance*****(Upon school exit)*** | **Needs*****(Essential accommodations, assistive technology, environmental or material resources or modifications needed)*** |
| --- | --- | --- |
| Academic Achievement/Functional Performance/Learning Characteristics: |  |  |
| Social Development: |  |  |
| Physical Development: |  |  |

*NYSED Sample Form 04/2017: Refer to the guidance document when completing this document.*

**PART II:** **POST-SECONDARY GOALS**

| **Postsecondary goal** | **Recommendations/Next Steps to Assist Student to Meet PostSecondary Goals** |
| --- | --- |
| Education/training:  |  |
| Employment:  |  |
| Independent Living (if appropriate):  |  |

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