

Example of SOP

SOP- Student Perspective

Questions for Students to Address

(Recommended: student involvement in the Summary of Performance process makes the SoP a more meaningful document for students as they move to postsecondary environments)

- A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, and other services)?
- C. What assistive technology do you use? How and when is it used?
- D. Which of these accommodations, assistive technologies, and supports has worked BEST for you? Why?
- E. Which of these accommodations, assistive technologies, and supports have NOT worked? Why not?
- F. What are your strengths and needs as you leave high school and begin further learning, working and living?

SOP- Academic Achievement

(Post School Education/Training Program Information)

| Academic Achievement | Description of Performance Provide a grade level or appropriate test score (check with postsecondary environment for guidance). • Provide a description of skills in each area addressed. | Statement of IMPACT Does the student's disability impact functioning in this area? If so, describe the impact | Accommodations, Assistive Technology & Supports What accommodations, assistive technology and supports have been used by the student and proven effective? • What is the impact of each on skills in the academic area(s)? |
|--|---|---|--|
| English/Language Arts <ul style="list-style-type: none">• Reading• Writing• Speaking & Listening• Language | | | |

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|--|--|--|--|
| | | | |
| Math <ul style="list-style-type: none"> • Number & Quantity • Algebra • Functions • Geometry • Statistics & Probability | | | |
| Did the student receive accommodations on standardized tests (NESA, ACT, MAPS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the accommodation provided: | | | |

DEFINITIONS

- **Accommodation:** A support or service that is provided to help a student fully access the general education curriculum or subject matter. An accommodation does not change the content of what is being taught or the expectation that the student meet a performance standard applied for all students.
- **Modification:** A change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.
- **Assistive Technology (AT):** Any device that helps a student with a disability function in a given environment. AT can include simple devices such as laminated pictures for communication, removable highlighter tapes, Velcro and other “low-tech” devices.
- **Supports:** Connections or coordination with outside agencies, personnel or other services or supports used in high school.

SOP-Functional Performance

Consider each area listed, and check the boxes next to the area that are addressed in the description of performance.

| Functional Performance Check the box next to each area you plan to | Description of Performance Provide a description of skills in each area | Statement of IMPACT Does the student's disability impact | Accommodations, Assistive Technology & Supports What accommodations, assistive technology and supports have been used by the student and proven effective? What is the impact of each on skills? |
|--|---|--|---|
| | | | |

| | address | addressed. | functioning in this area? If so, describe the impact. | |
|--|-------------------------------------|------------|---|--|
| | General Ability and Problem Solving | | | |
| | Attention and Organization | | | |
| | Learning Skills | | | |
| | Communication | | | |
| | Social Skills and Behavior | | | |
| | Independent Living | | | |
| | Environmental Access and Mobility | | | |
| | Self-Determination/Self-Advocacy | | | |
| | Career- | | | |

| | | | | |
|--|---|--|--|--|
| | Vocational/Transition | | | |
| | Employment | | | |
| | Time Management/Study Skills | | | |
| | Additional Considerations: (may assist in making decisions about disability determination and needed accommodations) | | | |

SOP Recommendations to Assist the Student in Meeting Measurable Postsecondary Goal(s).

Recommendations for accommodations, assistive technology, compensatory strategies, and/or support services to enhance access and participation in postsecondary goals.

| Postsecondary Goal Areas | Measurable Post-Secondary Goal | Recommended Assistive Technology/Accommodations Of the accommodations, assistive technology, compensatory strategies, | Contact Information/Resources <ul style="list-style-type: none"> • Agency Name • Address, e-mail of person or agency • Name/Title of Case Manager |
|--------------------------|--------------------------------|--|---|
|--------------------------|--------------------------------|--|---|

| | | and/or support services listed in Parts 2 & 3, which are recommended to follow the student to the postsecondary environment(s)? | • Phone number |
|--|--|---|----------------|
| Education/Training | | | |
| Employment | | | |
| Independent Living (if appropriate) | | | |