

1607 E. Dowling Street
Kendallville, IN 46755

(260) 347-5236 1-800-589-5236 FAX (260)-347-1657

SUMMARY OF PERFORMANCE

STN:		Date of Report:			
Name:				Date of Birth:	
Address:				City, State, Zip:	
Home Phone:		Cell:		Email:	
Indicator 14 Notice					
Student has been provided with a copy of the Survey Reminder Letter				Yes	No
Post Secondary Goals					
Based upon Independent Transition Assessments this student has Independent Living Needs.				Yes	No
Regarding Independent Living after high school, I will (If Yes above, Choose 1)	Live	Obtain	Utilize	Get a job	Participate in
	Enroll	Work	Go	Receive	
Regarding Employment after high school, I will (Choose 1):	Live	Obtain	Utilize	Get a job	Participate in
	Enroll	Work	Go	Receive	
Regarding Education and Training after high school, I will (Choose 1):	Live	Obtain	Utilize	Get a job	Participate in
	Enroll	Work	Go	Receive	
Anticipated date of Graduation:					
<input type="checkbox"/>	The student pursued a high school diploma.				
<input type="checkbox"/>	The student pursued a certificate of completion.				
Recommendations to Assist in Meeting Post Secondary Goals					
Describe the accommodations, modifications and/or assistive technology that have been most helpful to the student.					
Describe what will help the student be successful after graduation.					



2/14/2018

Address:

To

This is a reminder that one year after you leave school, you will be contacted to complete a survey about your current work and education status. Your responses are important because the Office of Special Education uses this information to help your school corporation make changes so that more students with disabilities are prepared to get a job or go on to school after leaving high school.

Any questions regarding this survey can be directed to the Special Education mailbox at specialeducation@doe.in.gov.

Thank you.

Sincerely,

Director of Special Education