

**NORTH SANTA CRUZ COUNTY
SPECIAL EDUCATION LOCAL PLAN AREA
Summary of the Student's Academic Achievement and Functional Performance**

Student's Name _____ **Date of Summary** _____

Reason for Exit (check the **one** that applies):

- Graduated per District's requirements/policy, and completion of California High School Exit Examination (CAHSEE) earning a regular high school diploma
- Earned Certificate of Completion and exiting special education service
- Earned Certificate of Completion and no longer eligible for special education services (reached maximum age)
- Student is age 18 or older and is returning to general education
- Other: _____

SUMMARY OF THE STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Strengths/Interests/Learning Preferences:	
Pre-Academic / Academic / Functional Skills (Note results of any general State or district-wide assessments): <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Cognitive Abilities: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Communication Skills: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Motor Skills (Fine/Gross): <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Health: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> No health concerns evident at this time. <input type="checkbox"/> Other, explain:	
Social/Emotional/Behavioral: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Self Help/Adaptive: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate skill range. <input type="checkbox"/> Other, explain:	
Pre-Vocational/Vocational: <input type="checkbox"/> This is not an area of suspected disability at this time. <input type="checkbox"/> Currently, student is performing within age appropriate range. <input type="checkbox"/> Other, explain:	
Agency Linkages (check agencies known to be working with the individual or could be a resource to the individual)	Agency Contact Person and phone number, if known
<input type="checkbox"/> San Andreas Regional Center (Alta)	
<input type="checkbox"/> California Children's Services (CCS)	
<input type="checkbox"/> Santa Cruz County Department of Health and Human Services	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Employment Development Department	
<input type="checkbox"/> California Department of Rehabilitation	
<input type="checkbox"/> Community College / University Disabled Student Services	
<input type="checkbox"/> Other	
Other Recommendations:	