

Jordan School District
Special Education

Exit Summary Report

Student Name _____ Date of Birth _____

School _____ Case Manager _____

Date Copy Given to Student _____

ACADEMIC ACHIEVEMENT

FUNCTIONAL PERFORMANCE

**RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POST-
SECONDARY GOAL(S)**

NOTE: Attach the most recent Transition Service Plan

Distribution of Copies:

Original - To the Student

Copy - Student's Special Education File