

Topic Brief

Summary of Performance (SOP) Frequently Asked Questions

1. **Should the student receive a copy of the Summary of Performance (SOP)?**

Yes. According to 34 CFR §300.305(e)(3) – “. . . the public agency must provide **the child** with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals.”

2. **Should the parent of a student who is 18 years or older receive a copy of the SOP?**

The parent of a student who is 18 years or older should receive a copy of the SOP only if the student has provided written permission for the parents to get a copy of IEP/PPT records. Specify SOP on the release form since it is not a formal part of the IEP. Best practice would suggest that it would be helpful for most students if the parent(s) also received a copy of the SOP.

3. **If the student is at a level of functioning at which he/she would not readily understand the SOP, could it be given to the parent(s)?**

Yes. Although IDEA does not require that a copy of the SOP be given to the parent(s), best practice would indicate that the parent(s) should also receive a copy in addition to the student or instead of the student if he/she would not be able to understand it. However, if the student has reached the age of majority under State law (i.e., 18), he/she would have to give written consent if the parents were not the individual(s) appointed to represent the educational interests of the child.

4. **Should the SOP be reviewed (face-to-face) with the student/parent?**

Best practice indicates that to the extent possible, the SOP should be reviewed with the student (and parents when appropriate) in a face-to-face informal meeting or conversation. A formal PPT meeting does not need to be initiated to review the SOP.

5. **If the student is not available to meet to receive the SOP, can it be mailed to him/her?** (e.g., home bound student, student who was expelled but completed graduation requirements at home with a tutor).

Although mailing the SOP to a student meets the requirements of IDEA, it would be preferable that district personnel make every effort to discuss it with a student - preferably in person (in school or home) or at the very least, over the phone with the student looking at a copy.

6. It is understood that "exiters" consists of graduates and students aging out. **What about students who drop out, or who are old enough to "sign themselves out" and transfer directly to finish at Adult Education?** Does an SOP need to be completed for these students?

A student who drops out or signs out before graduation or turning 21 (with or without warning) would not need to have an SOP.

7. **Does the SOP have to be shared with, reviewed by or approved by the PPT?**

No. The SOP does not have to be shared with, reviewed by or approved by the PPT. However, best practice would indicate that the development of the SOP should be a group effort. All personnel who have worked with the student should have the opportunity to provide input into the SOP.

8. **Where should the SOP be kept; should it be attached to a PPT packet?**

The SOP should be kept with a student's special education records. It should not be attached to the student's final IEP or PPT packet.

9. **Why do we have “student’s secondary disability” on page 1 of the SOP since we do not use “secondary disability” anymore as part of the PPT/IEP?**

“Student’s secondary disability, if applicable” is on the SOP form to allow districts to include other co-occurring or additional disabilities when appropriate.

10. **What is the date that should be used for the prompt on page 1 of the SOP: “When was the student’s disability (or disabilities) formally diagnosed”?**

History of disability determination and length of time a student has been diagnosed with a particular disability are important pieces of information for future service providers. It is important to include the date and disability from the original diagnosis, if it is readily available, as well as the date and current disability designation. The following is an example of how this might be recorded in this section of the SOP: “Initial OHI 6–15–99; re-labeled ED 5–1–03.”

11. **How should districts address the term: “present level of performance” in the second column, particularly for students who are graduating and may be functioning well below their grade level?**

On the SOP form, districts are encouraged to “. . . attach copies of the most recent assessment reports that address academic, cognitive and functional performance and were instrumental in making a determination of the student’s disability or diagnosis, and/or that will assist in postsecondary planning.” **Information from these reports need not be replicated on this form; however, additional information regarding a change in a student’s present level of performance may be reported.** This information should have been discussed prior to the development of the SOP and should not be a surprise to the student or the parent(s). Sample SOP’s are being collected and compiled and will be available in the fall, 2006. In the meantime, if anyone has specific questions, please contact Dr. Patricia Anderson – 860/713–6923 or patricia.anderson@ct.gov.

12. **Should the information included in the SOP review all of the areas on the form or just those areas that were addressed by the IEP?**

According to 34 CFR §300.305(e)(3) – “. . . the public agency must provide the child with a **summary of the child’s academic achievement and functional performance**, which shall **include recommendations on how to assist the child in meeting the child’s postsecondary goals.**” All areas on the SOP form that address academic achievement and functional performance should be addressed.

13. On the SOP form, districts are encouraged to “. . . **attach copies of the most recent assessment reports** that address academic, cognitive and functional performance . . . and /or that will assist in postsecondary planning.” One district **questioned if this had to be done** for two reasons:
- 1.) If the PPT believes it is not in the student's best interest to have/see the reports because of potentially damaging information, and
 - 2.) There is nothing formal that indicates that a district HAS to attach recent reports; instead, a district could cull out the critical information and include that in the SOP.

Once a student turns 18 (unless he/she does not have the capacity to manage his/her own affairs), **he/she is entitled to a copy of anything that is in his/her file** or the information could be requested by the individual(s) appointed to represent the educational interests of the child. Therefore the student would be able to have a copy of any recent diagnostic reports. Students should be empowered to understand and appropriately use all information in their special education records as well as retain copies of such documentation for future use.

14. A district has told staff that **only central office personnel can release information/records**, so teachers are not allowed to copy sections of a special education/PPT folder and distribute them to students. **Teachers asked if they need to forward the SOP to Central Office for final distribution?**

The State Department of Education does not determine district-level policy regarding the copying and distribution of records. This appears to be an internal district issue/decision. However, some type of process should be identified for school personnel to be able to efficiently attach a copy of a recent report to an SOP and disseminate it to students and their parent(s).

15. Under Functional Areas, the last section is labeled: “Additional Important Considerations” in which is listed: “e.g., *medical problems . . .*” Question: **According to HIPAA, identifying medical information should not be listed. What type of information contained in a student’s educational records should be included in this section?**

HIPAA [Health Insurance Portability and Accountability Act of 1996] privacy rules pertain to medical providers who transmit information electronically and specifically exempts health records that are covered by FERPA [Family Educational Rights and Privacy Act]. FERPA protects educational records, including any health records maintained by the school, and permits the sharing of such medical information if there is a legitimate educational interest. Districts are encouraged to share only functional information regarding a child’s disability not diagnostic information. For example, “child has difficulty breathing and requires medication” rather than “child has asthma;” or “child has difficulty with attention.” Recommendations/accommodations should also be stated in functional terms: “child requires frequent meal breaks;” “child requires daily medication for behavior;” or “child needs short periods of instruction.”

16. Regarding the recommendations section of the SOP (Part 4), **can it be clearly specified that if a recommendation that is later found to be needed is not listed, that the school is not responsible for the omission?** [How can it be insured that the school would not be held accountable later for an omitted recommendation?]

While a district cannot ensure that they could not be held accountable for an omitted recommendation, the SOP should be a review [summary] of a child’s academic and cognitive achievements and functional performance through the date on which the SOP is due. The SOP shall also include recommendations (that are based on the above summary) on how to assist the child in meeting the child’s postsecondary goals. This would typically be as close to the end of the school year in which the student graduated/exited as possible.

17. **How should we use or have the student complete the last page of the SOP?**

Part 5 of the SOP – *Student Input* – is an optional section, but when used could be very effective in identifying the ability of a student to understand and explain his/her disability and need for accommodations. It can be given to a student to complete in writing or it can be a recording form for a discussion between the student and a district professional. In some instances, when a child is non-verbal, this form could be completed by a family member. Some districts are following “best practice” by choosing to give Part 5 to students at the beginning of their last year and using the information (or lack thereof) as a tool to identify additional goals or activities for the year.

18. **Can the SOP form be modified by the district so that it can be linked directly to the electronic IEP system being used (e.g., Clarity) so that many of the fields would be automatically filled?**

Right now, **districts can modify the format of the IEP or SOP form in any way that does not change the flow of the information or its substance** (e.g., spacing, font, orientation, etc.). Working with the IEP system developer to see that their system is compatible with CT's IEP form and the SOP might be a possible option. **However, the SOP is not an official part of the IEP.** If the district version of the SOP form were to be automatically populated from the fields in a student’s IEP, this would not be considered a “best practice” and might be construed as a formal part of the IEP. In this instance, it might be assumed that the PPT would then have to review the SOP - which is not required under IDEA.