

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Annual Goal	Benchmarks/Short Term Objectives	Progress Review			
		1st	2nd	3rd	4th
<input type="checkbox"/> enables student to be involved in general curriculum  <input type="checkbox"/> additional educational needs related to disability	<input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	<input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
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	<input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				

- 1 = This goal has been met.
- 2 = Progress has been made towards the goal. It appears that the goal will be met by the time IEP is reviewed.
- 3 = Progress has been made towards the goal, but the goal may not be met by the time the IEP is reviewed.
- 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
- 5 = Your child did not work on this goal during this reporting period (provide explanation).