

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

## GOALS AND BENCHMARKS/OBJECTIVES: ADAPTIVE PHYSICAL EDUCATION

Educational Domain:  Gross Motor

Progress Review

Measurable Annual Goal:		1st	2nd	3rd	4th
Benchmarks/short term objectives are needed in each area checked below.					
Present level	<input type="checkbox"/> Balance Static/Dynamic By _____ By _____ By _____ <input type="checkbox"/> Movement Exploration By _____ By _____ By _____				
Present level	<input type="checkbox"/> Fitness - agility, endurance, strength, flexibility, cardio-respiratory endurance. By _____ By _____ By _____				
Present level	<input type="checkbox"/> Locomotor By _____ By _____ By _____				

**Progress Codes**

- 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).

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Progress Review

Benchmarks/short term objectives are needed in each area checked below.		1st	2nd	3rd	4th
Present level	<input type="checkbox"/> Eye Hand/Eye Foot Coordination  <input type="checkbox"/> Throwing By _____ By _____ By _____  <input type="checkbox"/> Catching  By _____ By _____ By _____  <input type="checkbox"/> Kicking  By _____ By _____ By _____  <input type="checkbox"/> Striking/Batting  By _____ By _____ By _____  <input type="checkbox"/> Bouncing/Dribbling  By _____ By _____ By _____				
Present level	<input type="checkbox"/> Recreation/Leisure/Game Skills  By _____  By _____  By _____				

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