

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

## GOALS AND BENCHMARKS/OBJECTIVES: SPEECH AND LANGUAGE

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	Benchmark/Short -term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) in isolation _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	Benchmark/Short -term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) in isolation _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	Benchmark/Short- term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) at the beginning, in the middle, and at the end of the words _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	Benchmark/Short -term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) at the beginning, in the middle, and at the end of the words _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	Benchmark/Short -term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) in sentences _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				
	Benchmark/Short -term Objective:  By _____, as determined by the speech and language pathologist, the student will correctly pronounce the / _____ / sound(s) in everyday speech _____% of the time.  <input type="checkbox"/> gen. ed. teacher <input type="checkbox"/> spec. ed. <input type="checkbox"/> student <input type="checkbox"/> parent <input type="checkbox"/> other				

**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).