

STUDENT NAME: _____

Date Written: _____

VII. MEASURABLE ANNUAL GOAL: General education curriculum or age-relevant developmental ability or milestone

(Check One): **ACADEMIC**; **SOCIAL**; **BEHAVIORAL**; **PHYSICAL**; **SPEECH/LANG.**

Measurable, Short-term instructional Objectives or Benchmark	Criteria	Assessment	Progress Recorded by Grading Period:
	<input type="checkbox"/> 70-80% <input type="checkbox"/> 81-90% <input type="checkbox"/> 91-100% <input type="checkbox"/> Other _____	<input type="checkbox"/> Teacher Observation <input type="checkbox"/> Written Performance <input type="checkbox"/> Oral Performance <input type="checkbox"/> Testing <input type="checkbox"/> Parent Report <input type="checkbox"/> Pretest/post- test <input type="checkbox"/> Other _____	1. 2. 3. 4. 5. 6. <u>ACR</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Objective Met <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Progress made, objective not met <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Little or no progress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not yet started <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met but not maintained <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____
	<input type="checkbox"/> 70-80% <input type="checkbox"/> 81-90% <input type="checkbox"/> 91-100% <input type="checkbox"/> Other _____	<input type="checkbox"/> Teacher Observation <input type="checkbox"/> Written Performance <input type="checkbox"/> Oral Performance <input type="checkbox"/> Testing <input type="checkbox"/> Parent Report <input type="checkbox"/> Pretest/post- test <input type="checkbox"/> Other _____	1. 2. 3. 4. 5. 6. <u>ACR</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Objective Met <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Progress made, objective not met <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Little or no progress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not yet started <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met but not maintained <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____
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A. Staff responsible (check all that apply): Special Education Teacher General Education Teacher SLP Other

B. State the frequency a report on goals will be sent home: _____

C. Are related services and/or supplementary aids required for student to achieve this goal? YES NO
 (If YES, describe including frequency, duration and location.)

D. Are accommodations needed to carry out this goal? YES NO (If YES please specify)

E. Explain the extent, if any, to which the student will *not* participate in general education classes to carry out this goal.
