

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES**

Method of Reporting to Parents Progress Towards Goals:  Quarterly  Trimester  Semester  Other (same as gen. ed. students)

Curriculum Area:  Functional Skill Area:  Vocational Goal: <input type="checkbox"/> Behavioral Goal: <input type="checkbox"/> Linguistically Appropriate: <input type="checkbox"/>	<b>Measurable Annual Goal:</b>  Person(s) Responsible: _____ Baseline: _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum and/or <input type="checkbox"/> Addresses other educational needs resulting from the disability
--	--

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	<b>ANNUAL GOAL REVIEW:</b> Date: _____ Progress Code: _____ If goal not met, enter reason code: _____ Comment: _____
---	---	---	--

Curriculum Area:  Functional Skill Area:  Vocational Goal: <input type="checkbox"/> Behavioral Goal: <input type="checkbox"/> Linguistically Appropriate: <input type="checkbox"/>	<b>Measurable Annual Goal:</b>  Person(s) Responsible: _____ Baseline: _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum and/or <input type="checkbox"/> Addresses other educational needs resulting from the disability
--	--

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Baseline:	Benchmark / Short-Term Objective:
-----------	-----------------------------------

Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient enter reason code: _____ Comment: _____	<b>ANNUAL GOAL REVIEW:</b> Date: _____ Progress Code: _____ If goal not met, enter reason code: _____ Comment: _____
---	---	--	--

Progress Codes: 1) No Progress; 2) Partial Progress = 1%-49% of goal met; 3) Substantial Progress = 50% - 99% of goal met; 4) Goal Met or Exceeded  
 Reason Codes: 1) More time needed; 2) Excessive absences or tardies; 3) Assignments not completed; 4) Need to review or revise goal; 5) Other