

**GOALS AND OBJECTIVES/BENCHMARKS**

**Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the IEP (e.g., goals and objectives/benchmarks, accommodations, modifications and supports) must be notified of her/his specific responsibilities.)**

**REPORTING ON GOALS**

The progress on annual goals will be measured by the short-term objectives/benchmarks. Check the methods that will be used to notify parents of the student's progress on annual goals and if the progress is sufficient to achieve the goals by the end of the IEP year:

- Report card     Progress reports     Parent conference     Other (specify) \_\_\_\_\_

**CURRENT ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards.

**GOALS AND OBJECTIVES/BENCHMARKS**

**The goals and short-term objectives or benchmarks shall meet the student's educational needs that result from the student's disability, including involvement in and progress in the general curriculum, or for preschool students, participation in appropriate activities.**

Goal Statement # \_\_\_\_ of \_\_\_\_ Indicate Goal Area:  Academic     Functional     Transition    Illinois Learning Standard: # \_\_\_\_

Title(s) of Goal Implementer(s)

Short-Term Objective/Benchmark for Measuring Progress on the Annual Goal

Evaluation Criteria	Evaluation Procedures	Schedule for Determining Progress	Dates Reviewed/ Extent of Progress
_____ % Accuracy ____ / ____ # of attempts <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Observation Log <input type="checkbox"/> Data Charts <input type="checkbox"/> Tests <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) _____	

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