

ANNUAL GOALS & OBJECTIVES

Ventura County SELPA IEP

Student Name _____

D.O.B. _____

Meeting Date _____

Area of Need: _____ Responsible Discipline(s): _____

Progress on last year's goal(s) in this area, current needs, and/or reason for goal: _____

Baseline (must include observable behavior or skill, current level of accuracy and consistency, & measurement instrument): _____

For EL students specify language of instruction: English Spanish Other: _____

Measurement of Progress Toward Annual Goal

Annual Goal 1: By _____,

Annual Review Date

Comments

Enables student to be involved/progress in general curriculum

Addresses other educational needs resulting from the disability

Met
 Not Met

Standard: _____
Category _____ Number _____

Domain: _____

Objective: By _____,

Date

Accuracy: _____ Consistency: _____

Objective: By _____,

Date

Accuracy: _____ Consistency: _____

Objective: By _____,

Date

Accuracy: _____ Consistency: _____