PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Ventura County SELPA IEP

Student Name_____ D.O.B._____ Meeting Date _____

Describe present levels of performance in terms of general education expectations. Scores alone are not sufficient. Include specific strengths and weaknesses from the results of all evaluations including any state and/or districtwide assessments, as well as classroom performance. Areas of performance affected by the student's disability must be addressed in IEP; if not, provide rationale in the appropriate box below.

Parent/Student Educational Concerns and Comments:

Academic: Reading

❑ **Annual Goal(s)**

Cognitive Functioning

Vocational/Prevocational/Community Access

❑ **Annual Goal(s)**

Academic: Written Language

❑ **Annual Goal(s)**

Communication

❑ **Annual Goal(s)**

Self-Care/Independent Living

❑ **Annual Goal(s)**

Academic: Mathematics

❑ **Annual Goal(s)**

Motor Abilities and/or Recreation/Leisure

❑ **Annual Goal(s)**

Health Status/Summary

Hearing: Date _____ ❑ Passed ❑ Failed
Vision: Date _____ ❑ Passed ❑ Failed
Corrective Lenses: ❑ Yes ❑ No
Medication: ❑ Yes ❑ No Describe:

STAR Program Test Results Date

CST/Alternate _____

ELA _____ _____
Math _____ _____
Other _____ _____

CAHSEE

ELA _____ _____
Math _____ _____

CELDT/Alternate _____

Listening _____
Speaking _____
Reading _____
Writing _____

Social Emotional/Behavioral Functioning

❑ **Annual Goal(s)**

Additional Information:

Impact of Disability Describe student's disability and how it affects progress in core curriculum and/or participation in age appropriate activities: