## **Livingston County Special Services Unit**

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STUDENT NAME:		
DATE OF MEETING		

PHONE: 815-844-7115 • FAX: 81	5-842-3170 • TDD: 815-842-3170   [	DATE OF MEETING:		
	GOALS AND OBJECTIVE	ES/BENCHMARKS		
Complete for initial IEPs and an accommodations, modifications	nnual reviews. (Anyone responsible for s and supports) <u>must be notified</u> of her/h		s and objectives/benchmarks,	
The progress on appual goals wil	REPORTING ON		that will be used to notify parents	
of the student's progress on annu	I be measured by the short-term objectives ual goals and if the progress is sufficient to	achieve the goals by the end of th	ne IEP year.	
Report card	Progress reports Pa	rent conference (	Other (specify)	
	CURRENT ACADEMIC ACHIEVEMENT A	ND FUNCTIONAL PERFORMANC	E	
Results of the initial or most	t recent evaluation and results on dis neral education peers and standards	trict-wide assessments releva	ant to this goal, perfor-	
mance in companson to ger	neral education peers and standards	).		
	GOALS AND OBJEC	TIVES/BENCHMARKS		
	tives or benchmarks shall: meet the stud			
<u> </u>	nd progress in the general curriculum, or	for preschool students, particip	ation in appropriate activities.	
Goal Statement # of				
Indicate Goal Area: Academic Functional Transition Illinois Learning Standard: #				
Title(s) of Goal Implementer(s)				
Short-Term Objective/Benchmar	k for Measuring Progress on the Annual G	oal		
Evaluation	Evaluation Procedures	Schedule for	Dates Reviewed/ Extent of Progress (Optional)	
Criteria	1 –	Determining Progress	Extent of Progress (Optional)	
% Accuracy / # of attempts	☐ Observation Log☐ Data Charts	☐ Daily☐ Weekly		
Other (specify)	Tests	Quarterly		
	Other (specify)	Semester Other (specify)		
		U Other (specify)		
Short-Term Objective/Benchmark	L c for Measuring Progress on the Annual Go	<u> </u>		
,	3 3			
Evaluation	Evaluation	Schedule for	Dates Reviewed/	
Criteria	Procedures	Determining Progress	Extent of Progress (Optional)	
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Other (specify)	Tests	Quarterly		
	Other (specify)	Semester		
		Other (specify)		
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Evaluation	Evaluation	Schedule for	Dates Reviewed/	
Criteria	Procedures	Determining Progress	Extent of Progress (Optional)	
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/ # of attempts Other (specify)	☐ Data Charts ☐ Tests	☐ Weekly ☐ Quarterly		
	Other (specify)	Semester		
		Other (specify)	i	