

Imperial County Special Education Local Plan Area

Date:	Student	··	
Area of Need:	Measurable Annual Goal:		
Baseline:			
Baseline:	Enables student to be involved/progress in general curriculum and/or Addresses other educational needs resulting from the formation of t		om the disability Annual Review
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			Progress Code
			(See Below)
	Person(s) Responsible:		
Baseline:	Benchmark/Short-Term Objective:		Annual Review
			Progress Code
			(See Below)
	Person(s) Responsible		
Baseline:	ne: Benchmark/Short-Term Objective:		Annual Review
			Progress Code
			(See Below)
	Person(s) Responsible		
GOAL: Progre	ess Report 1	GOAL: Progress Report 2 GOAL: Progress Report 3 Goal: A	Annual Review
Date: Progress		Date: Progress Code (See Below) Date: Progress Code (See Below) Progress Code (See Below) (See Below)	Goal # Date:
Is progress sufficient to mee	et annual goal?	is progress sufficient to meet annual goal?	enter reason code
If not sufficient, enter reasor		If not sufficient, enter reason code (see below)	(see below)
Comment:		Comment: Comment:	
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1. No progress 2. Partial progress (1 % - 49% of goal met) Substantial progress (50%-99% of goal met)
 Goal met or exceeded

A. More time needed (continuing goal) C. Insufficient opportunity for practice E. Need to revise instruction B. Excessive absences or tardies D. Need to review or revise goal F. Other