

Annual Goal Progress Report

District: _____
School: _____
Student Name: _____
Student Number: _____
IEP Initiation/Duration Dates From: _____ **to** _____
School Year: _____ **to** _____
IEP Annual Review Date: _____
Date Sent: _____

Use the legends below to evaluate the student's progress toward the annual goals. The 1st column should indicate the Report of Progress using the numbers 1-6. The second column should indicate the Extent of Progress using the numbers 1-7.

<u>Report of Progress on Annual Goals</u>	<u>Extent of Progress Toward Meeting Annual Goals</u>
1. Goal has been met.	1. Goal mastered. (Enter date in comments.)
2. Some progress made.	2. Anticipate mastery.
3. Very little progress made.	3. Do not anticipate mastery. (Note in comments.)
4. No progress made.	4. Not applicable during this grading period. NA
5. Very little progress made. Goal added or deleted. (Note in comments.)	5. Goal not mastered. (Note in comments.)
6. Transfer record. (See previous school.)	6. Transfer record (See previous school.)
	7. Excessive absences / tardies / truancy

Measurable Annual Goals

Goal:			
Date	Progress	Extent	Comments

Goal:			
Date	Progress	Extent	Comments

Goal:			
Date	Progress	Extent	Comments

Goal:			
Date	Progress	Extent	Comments

Special Education Teacher / Case Manager Name: _____ **Telephone Number:** _____

Parent / Guardian Signature: _____ **Date Signed:** _____

*** Hard copy should be placed in student's special education record.***