

SANTA CLARA COUNTY ANNUAL GOALS AND OBJECTIVES

Name _____

IEP Date ___/___/___

Area of Need: Baseline:	Measurable Annual Goal # ___ <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard # _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate* <input type="checkbox"/> Secondary Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____
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Short-Term Objective:

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Progress Report 1: ___/___/___ Summary of progress _____ Comment: _____ _____	Progress Report 2: ___/___/___ Summary of progress _____ Comment: _____ _____	Progress Report 3: ___/___/___ Summary of progress _____ Comment: _____ _____	Goal: Annual Review Date: ___/___/___ Goal met <input type="checkbox"/> yes <input type="checkbox"/> no Comments:
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NOTE: If English learner, one of the goals must address English language development.