

SANTA CLARA COUNTY ANNUAL GOALS

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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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.