

Name of Student		WISER ID	Grade	Date of IEP Meeting
MEASURABLE ANNUAL GOAL NUMBER _____ Additional Goal pages should be added as necessary.				
A statement of measurable annual goals, including academic and functional goals designed to: <ul style="list-style-type: none"> Meet the student's needs that result from the student's disability to enable the student to be involved in and make progress in the general education curriculum. Meet each of the student's other educational needs that result from the student's disability. 				
Indicate whether this goal will be implemented during ESY. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Each goal must include a baseline, target and method of measurement.				
Benchmarks or short-term objectives: Required <u>only</u> for students that will take alternate State or District wide assessment(s).				
Objective				Time Frame
Periodic reports of progress toward meeting the annual goal: Periodic reports must coincide with the district or public agency regular reporting schedule.				
DATE				
DATA TO SUPPORT PROGRESS				
NOTE: Progress must be quantified by the method of measurement specified in the goal.				
DESCRIBE PROGRESS				
NOTE: Narrative should be used to supplement data above.				
STAFF NAME				