I-4a Measurable Goal Page

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| --- | --- | --- | --- |
| **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:**• 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. YES NO N/A** |
| **Each goal must include a baseline, target and method of measurement.** |
| **Benchmarks or short-term objectives:**Required only for students that will take alternate State or District wide assessment(s). |
| Objective | Time Frame |
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| **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 bythe method of measurement specified in the goal. |  |  |  |  |
| **DESCRIBE****PROGRESS**NOTE: Narrative should be used to supplement data above. |  |  |  |  |
| **STAFF****NAME** |  |  |  |  |

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