

\_\_\_\_\_ **SCHOOL DISTRICT**

Name of Student \_\_\_\_\_ WISEid \_\_\_\_\_ LEA's Student ID \_\_\_\_\_

Date of review	Annual goal, including baseline and level of attainment. Include benchmark or short-term objectives, if appropriate.	Student's current progress (include data). Ensure the data matches the measurement in the annual goal.	Is student making sufficient progress to meet the annual goal during the term of the IEP?	How will the IEP be revised to address any lack of sufficient progress?	Date shared with parent(s)
	Goal # ____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A.	
	Goal # ____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A.	
	Goal # ____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A.	
	Goal # ____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A.	

*(Add rows as needed)*