

STUDENT: _____ DOB: _____ MEETING DATE: _____



Measurable Annual Goals(GAA)

Measurable Annual Goals: Academic and/or functional goals designed to meet the child’s needs that result from the disability to enable the child to be involved in and make progress in the general education curriculum or to meet each of the child’s other educational needs that result from a disability.

Measurable Annual Goals:	CRITERIA OF MASTERY	EVALUATION METHODS CBA/CBM PROBES	PROGRESS *			
			/ /	/ /	/ /	/ /
	____ accuracy ___ of ___ trials _____	<input type="checkbox"/> CBA/CBM Probes <input type="checkbox"/> behavior checklist <input type="checkbox"/> teacher observation <input type="checkbox"/> teacher test <input type="checkbox"/> Benchmarks <input type="checkbox"/> data collection	<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> F
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* Progress: I = Initial = Has not made progress E = Emerging = Performs < 50% of criterion P = Progressing = Performs at > 50% of criterion
 F = Functional = Meets or Exceeds objectives as written.

Mid-term Progress Report	
Date	_____ <input type="checkbox"/> Progress is sufficient on each objective to achieve the annual goal. <input type="checkbox"/> Progress is not sufficient on each objective to achieve the annual goal. The school will contact parents to schedule a review meeting.

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