THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Individual Education Plan Instructional Annual Goal and Short-term Objectives/Benchmarks

Student ID #	First Name	M.I.	Last Name

DOB	Sex	Grade	School

Domain/Transition Needs Area: Select One

Type: Select One LOOKUP

Priority educational need (255 characters only, attach additional inforamtion if needed)

Measurable Annual Goal (255 characters only, attach additional inforamtion if needed)

The student will

By (date or time line): _____

With (criterion for mastery): _____

As measured by: (evaluation): _____

Short Term Objectives/Benchmarks

1. _____
2. _____
3. _____
4. _____

Parents will be notified of their child's progress toward the annual goal at least as often as parents of non-disabled students. Parents will receive progress updates towards annual goals 3 times a year

Is student likely to meet the goal at the end of the IEP year?

	YES	NO	DATE	PROGRESS		YES	NO	DATE	PROGRESS
1.	○	○	_____	Select One	3.	○	○	_____	Select One
2.	○	○	_____	Select One	4.	○	○	_____	Select One

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