

**NORTH SANTA CRUZ COUNTY  
SPECIAL EDUCATION LOCAL PLAN AREA  
Annual Goals**

**Student Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

|  |                               |   |
|--|-------------------------------|---|
| Area of Need:<br><br>Baseline:   | Measurable Annual Goal # ____ | Persons Responsible:<br><input type="checkbox"/> Gen. Ed. Teacher<br><input type="checkbox"/> Sp. Ed. Teacher<br><input type="checkbox"/> Student<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Other _____<br>_____ |
| <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard # _____<br><input type="checkbox"/> Addresses other educational needs resulting from the disability<br><input type="checkbox"/> Linguistically appropriate |                               |   |

|   |   |   |   |
|---|---|---|---|
| Progress Report 1: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | Progress Report 2: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | Progress Report 3: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | <u>Goal: Annual Review</u><br><u>Date:</u> __/__/__<br>Goal met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Comments:<br>_____<br>_____<br>_____<br>_____ |
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|--|--------------------------------|---|
| Area of Need:<br><br>Baseline:   | Measurable Annual Goal: # ____ | Persons Responsible:<br><input type="checkbox"/> Gen. Ed. Teacher<br><input type="checkbox"/> Sp. Ed. Teacher<br><input type="checkbox"/> Student<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Other _____<br>_____ |
| <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard # _____<br><input type="checkbox"/> Addresses other educational needs resulting from the disability<br><input type="checkbox"/> Linguistically appropriate |                                |   |

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| Progress Report 1: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | Progress Report 2: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | Progress Report 3: __/__/__<br>Summary of progress<br><br>_____<br>_____<br>_____<br>Comment<br><br>_____<br>_____<br>_____ | <u>Goal: Annual Review</u><br><u>Date:</u> __/__/__<br>Goal met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Comments:<br>_____<br>_____<br>_____<br>_____ |
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