

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: <ul style="list-style-type: none"> • 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Each goal must include a baseline, target and method of measurement.				
Benchmarks or short-term objectives: Required <u>only</u> for students that will take alternate State or District wide assessment(s).				
Objective			Time Frame	
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 by the method of measurement specified in the goal.				
DESCRIBE PROGRESS NOTE: Narrative should be used to supplement data above.				
STAFF NAME				