

**DEMO SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
ANNUAL GOALS AND BENCHMARKS**

Name _____

IEP Date: _____

Area of Need: _____ Baseline:	Measurable Annual Goal# _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard _____ <input type="checkbox"/> Addresses other educational needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person(s) Responsible _____
Benchmark 1 Within _____, will achieve the above goal at _____	
Benchmark 2 Within _____, will achieve the above goal at _____	
Benchmark 3 Within _____, will achieve the above goal at _____	
Progress Report 1: _____ Summary of Progress Comment	
Progress Report 2: _____ Summary of Progress Comment	
Progress Report 3: _____ Summary of Progress Comment	
Goal: Annual Review Date: _____ Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	