

___ Instructional Service

IEP Goal*

___ IEP Date: _____

___ Related Service

___ Draft: _____

___ Accepted by the ARDC

Student's Name _____ Progress reported every: ___ 6- or ___ 9-weeks Duration of Services From: _____ To: _____

School _____ Grade _____ Language of Delivery: _____ ___ ELL ___ Bilingual

Parental Notification Statement: Printed IEP Progress Reports will be provided to the student's parent(s) at the stated interval to regularly inform parent(s) of their child's progress toward meeting annual IEP goals. These IEP Progress Reports will be sent out in addition to, and at the same time as, the School Report Card received by all students.

INSTRUCTIONAL AREA: _____ **LOCATION:** ___ Gen. Ed. ___ Sp. Ed. ___ Both **IMPLEMENTOR (S):** ___ Gen. Ed. ___ Sp. Ed. ___ Both ___ Other: _____

PLAAFP:										
___ Functional Goal: ___ GOAL based on TEKS/PKG: ___ Benchmark:	Timeframe (By WHEN?)	Condition (Using WHAT?)	Behavior (WHO? Will do WHAT?)	Criterion (HOW much? HOW often?)	PROGRESS REPORT COMMENTS:					
					DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
___ Functional Goal: ___ Goal based on TEKS/PKG: ___ Benchmark:										
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*Short-term objectives/benchmarks (at least 2) are required for those students taking alternate assessments.

Progress Report Comments/DATE: