



Southern Plains Educ. Cooperative Targeted Services

School of Enrollment: _____

Name of Student _____ Teacher of Instruction _____

Grade _____ School Year _____

Attendance Start Date _____ Attendance Finish Date _____

Learning Objectives (focus on academic & social):

Learning Objective #1: _____

Specific experiences to achieve this goal: _____

Method of Assessment: _____

Learning Objective #2: _____

Specific experiences to achieve this goal: _____

Method of Assessment: _____

Grade Level Progression Requirements: _____

Parent Signature: _____ Date: _____

Student: _____ Date: _____

Team Member: _____ Date: _____

Team Member: _____ Date: _____

Team Member: _____ Date: _____

Review:

Did the student meet his/her goals? Yes No Unknown

If No, indicate which goals were not met and what the plan is to address this goal: _____
