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| Duration of Special Education and Related Services: | |  |  |
| Student: |  | UID#: |  |
| Case Manager: |  | Date of Progress Report: |  |

Goal Status Key:

1. Progressing at a rate appropriate to meet annual goal
2. Met goal
3. Limited progress due to extra time needed
4. Limited progress due to incomplete work
5. Limited progress due to absences
6. Limited progress due to revisions of IEP needed

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| Annual Goal: | |  |
| Status: |  |
| Comments: | |  |

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| Objective/Benchmark: | |  |
| Status: |  |
| Comments: | |  |

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| Objective/Benchmark: | |  |
| Status: |  |
| Comments: | |  |

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| Annual Goal: | |  |
| Status: |  |
| Comments: | |  |

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| Annual Goal: | |  |
| Status: |  |
| Comments: | |  |