

Student Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of Implementation: Begins (m/d/y) \_\_\_\_\_ Ends (m/d/y) \_\_\_\_\_

**12. SPECIALIZED INSTRUCTION**

Special Education/Related Service Provider (*indicate title of only ONE provider*) \_\_\_\_\_ Other Providers, if appropriate (*by title only*) \_\_\_\_\_

<p><b>Present Level of Academic Achievement and Functional Performance:</b> For each area of need as identified in Section 8 - box A</p>	<p><b>Measurable Annual Goal:</b> A statement of the level of performance the student is expected to achieve at the end of <u>this</u> IEP year.</p>	<p>Quarterly Benchmark:</p> <p><input type="checkbox"/> Meets                      <input type="checkbox"/> Does not meet                      <b>Month, Year</b> _____</p>
<p>Area of need _____ (if other please specify in the box below)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Language(s) _____</p>	<p>Quarterly Benchmark:</p> <p><input type="checkbox"/> Meets                      <input type="checkbox"/> Does not meet                      <b>Month, Year</b> _____</p>
<p>Language(s): _____</p>	<p>Language(s) _____</p> <p><input type="checkbox"/> Transition Goal                      <input type="checkbox"/> ESY</p>	<p>Quarterly Benchmark:</p> <p><input type="checkbox"/> Meets                      <input type="checkbox"/> Does not meet                      <b>Month, Year</b> _____</p>
<p>LRE Service Delivery Model<sup>1</sup>: _____                  Bilingual Service Delivery Model for ELLs<sup>2</sup>: _____                  Amount of Time (minutes per week/month/quarter): _____</p> <p><b>Evaluation Procedure:</b></p> <p><input type="checkbox"/> Portfolio collection schedule or method: _____  <input type="checkbox"/> Observe and chart progress and frequency: _____  <input type="checkbox"/> Oral/Written test interval: _____  <input type="checkbox"/> Other: _____</p>	<p>End of the IEP year performance statement (detailed explanation is required if student does not meet this annual goal).</p> <p><input type="checkbox"/> Met Goal                      <input type="checkbox"/> Did not meet goal. Explain:</p> <p>This end of the year statement was prepared by _____ Date _____</p> <p style="text-align: right;"><i>Print name and title</i></p>	

<sup>1</sup> **Service Model:** CON = Consultation Only - TT = Team Teaching - CT/RE = Collaborative Teaching in Regular Ed Class - SC = Separate (SE) Class - CBI = Community-Based Instruction  
<sup>2</sup> **Service Models for ELLs:** Model 1 = Bil. Sp. Ed.; Model 2 = Monolingual Sp. Ed. + Bil. TT; Model 3 = ESL Sp. Ed.; Model 4 = Monolingual Sp. Ed. + ESL TT; Model 5 = Monolingual Sp. Ed. + Bil. Asst.; Model 6 = Consultation

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