



CONFIDENTIAL

Fairfax County Public Schools  
Individualized Education Program  
**Area of Need / Annual Goal**

DRAFT UNTIL IEP  
IS SIGNED

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of meeting \_\_\_\_\_

Area of Need \_\_\_\_\_

**Documentation:**

**Present Level of Performance**

Strengths:

Needs:

How does this area of need impact this student's participation/progress in the general education curriculum or for preschool children, the child's participation in age appropriate activities?

**Annual Goal:** What does this student need to know or be able to do?

How will progress toward this annual goal be measured? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Anecdotal Records  | <input type="checkbox"/> Rubric: _____       |
| <input type="checkbox"/> Checklist  | <input type="checkbox"/> Running Records     |
| <input type="checkbox"/> Criterion Referenced test: _____                         | <input type="checkbox"/> Tests and Quizzes   |
| <input type="checkbox"/> Data Sheets (frequency, interval, duration, etc.): _____ | <input type="checkbox"/> Work Samples: _____ |
| <input type="checkbox"/> _____  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Norm Referenced test: _____                              |  |

**An IEP Progress Report related to this goal will be provided to parents quarterly, at the same time report cards are sent.**

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*