#### DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA

#### DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA

17800 HIGHWAY 18 • APPLE VALLEY, CA 92307 • (760) 552-6700 • (760) 242-5363 FAX

**IEP Progress of Goals for Transition**

(Complete this form for Students Age 15+)

|  |  |
| --- | --- |
| Student Name: |       |
| Dear Parent: |       | School Year: |       |
| The following is a summary of your child’s progress on his/her Transition IEP goals. This update provides you with information that assesses the likelihood that the goals listed below will be achieved by the IEP review date. |
| ***Annual Goal (Required)*** | *(refer to IEP dated* | */* | */* |  | *page* |       | of |       | *):*       |
|       |
|       |
|  |
| **[ ]  TRAINING /** **[ ]  EDUCATION** | **Student to attain goal by** |      / |      / |       | ***CCS Standard:*** |  |  |
| Reporting period #1 |       |  | Reporting period #2 |       |  | Reporting period #3 |       |  | Reporting period #4 |       |  |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |
| **[ ]  Met** **[ ]  Partially Met** **[ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** |
| *Comments:* | *Comments:* | *Comments:* | *Comments:* |
|       |       |       |       |
| ***Annual Goal (Required)*** | *(refer to IEP dated* | */* | */* |  | *page* |       | *of* |       | *):*       |
|       |
|       |
|  |
| **EMPLOYMENT** | **Student to attain goal by** |      / |      / |       |  | ***CCS Standard:*** |  |  |
| Reporting period #1 |       |  | Reporting period #2 |       |  | Reporting period #3 |       |  | Reporting period #4 |       |  |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |
| **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** |
| *Comments:* | *Comments:* | *Comments:* | *Comments:* |
|       |       |       |       |

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| --- | --- | --- | --- |
| Reporting period #1 | Reporting period #2 | Reporting period #3 | Reporting period #4 |
| Signature | Signature | Signature | Signature |
|  |
| ***Annual Goal (Required)*** | *(refer to IEP dated* | */* | */* |  | *page* |       | *of* |       | *):*       |
|       |
|       |
|  |
| **COMMUNITY EXPERIENCES** | **Student to attain goal by** |      / |      / |       |  | ***CCS Standard:*** |  |  |
| Reporting period #1 |       |  | Reporting period #2 |       |  | Reporting period #3 |       |  | Reporting period #4 |       |  |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |
| **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** |
| *Comments:* | *Comments:* | *Comments:* | *Comments:* |
|       |       |       |       |
| ***Annual Goal (Optional)*** | *(refer to IEP dated* | */* | */* |  | *page* |       | *of* |       | *):*       |
|       |
|       |
|  |
| **INDEPENDENT LIVING** | **Student to attain goal by** |      / |      / |       |  | ***CCS Standard:*** |  |  |
| Reporting period #1 |       |  | Reporting period #2 |       |  | Reporting period #3 |       |  | Reporting period #4 |       |  |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |
| **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** | **[ ]  Met [ ]  Partially Met [ ]  Not Met** |
| *Comments* | *Comments:* | *Comments:* | *Comments:* |
|       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Reporting period #1 | Reporting period #2 | Reporting period #3 | Reporting period #4 |
| Signature | Signature | Signature | Signature |