#### 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**

Educationally Related Mental Health Service (ERMHS)

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| Student Name: | | | | | | | | | | | | | | |  | | | | |
| Dear Parent: |  | | | | | | | | | | | School Year: | | |  | | | | |
| The following is a summary of your child’s progress on his/her 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. | | | | | | | | | | | | | | | | | | | |
| Goal (refer to IEP dated | | / | | | / | |  | | page | |  | | of |  | | ): |  | | |
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| **Student to attain goal by** | | | / | | | / | |  | | : | |  | | | | | | |  |
| **Reporting Period: Jul - Sept** | | | | **Reporting Period: Oct - Dec** | | | | | | | | **Reporting Period: Jan - Feb** | | | | | | **Reporting Period: Mar - May** | |
| **Met**  **Partially Met**  **Not Met** | | | | **Met  Partially Met  Not Met** | | | | | | | | **Met  Partially Met  Not Met** | | | | | | **Met  Partially Met  Not Met** | |
| *Comment:* | | | | *Comment:* | | | | | | | | *Comment:* | | | | | | *Comment:* | |
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| **Student to attain goal by** | | | / | | | / | |  | | : | |  | | | | | | |  |
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| **Reporting period #1** | | | **Reporting period #2** | | | | | | | | **Reporting period #3** | | | | | | | **Reporting period #4** | |
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| **Signature** | | | **Signature** | | | | | | | | **Signature** | | | | | | | **Signature** | |
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| **Signature** | | | **Signature** | | | | | | | | **Signature** | | | | | | | **Signature** | |