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| **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**SCIA Review of IEP Goals** |
| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       | Age: |       |
| Disability: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| School Site: |       | Program/Placement: |       |
| General Education Teacher: |       | Contact Phone: |       |
| Special Education Teacher: |       | Contact Phone: |       |
| SCIA Case Manager/Coordinator: |       | Contact Phone: |       |
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| **\* Progress code** |
| **1 =** | **No Progress** | **2 =** | **1 - 50% Met** |
| **3 =** | **51 - 99% Met** | **4 =** | **Goal Met** |

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| **\*\* levels of assistance** |
| **P =** | **Physical Prompt** | **M =** | **Modeling** |
| **V =** | **Verbal Cue** | **I =** | **Independent** |

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| **Area** | **Measurable Goal** | **Progress Code \*** | **Assistance Levels \*\*** | **Comments (Including frequency, duration, location of assistance requested)** |
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| **Academic** |       |  |  |       |
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| **MOTOR** |       |  |  |       |
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| **COMMUNICATION** |       |  |  |       |
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| **SELF-HELP** |       |  |  |       |
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| **SOCIAL / EMOTIONAl and BEHAVIOR** |       |  |  |       |
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| **PRE-VOCATIONAL** |       |  |  |       |
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| **OTHER** |       |  |  |       |
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