



Individualized Services Plan

ISP Progress Report

Student Name _____ ID # _____ Date of Meeting _____

Area of Need _____

<u>Annual Goal:</u>		
Date	Progress Code	Comments:
Date	Progress Code	Comments:
Date	Progress Code	Comments:
Date	Progress Code	Comments :

<u>Annual Goal:</u>		
Date	Progress Code	Comments:
Date	Progress Code	Comments:
Date	Progress Code	Comments:
Date	Progress Code	Comments:

- Progress Codes:
- 5 The student has met the criteria for this goal.
 - 4 The student is making sufficient progress toward achieving this goal within the duration of this ISP.
 - 3 The student has demonstrated some progress towards achieving this goal.
 - 2 The student has not yet demonstrated progress towards achieving this goal.
 - 1 This goal has not been introduced.

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.