



# Individual Services Plan

Student Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of ISP Meeting \_\_\_\_\_

Area of Need:

<b>Present Level of Performance</b>
<p>Strengths:</p>    <p>Needs:</p>

Annual Goal:	<u>Assessment</u>
	<input type="checkbox"/> Classroom Participation <input type="checkbox"/> Checklist <input type="checkbox"/> Classwork <input type="checkbox"/> Criterion Referenced test <input type="checkbox"/> Homework <input type="checkbox"/> Norm-referenced test <input type="checkbox"/> Special Projects <input type="checkbox"/> Tests and Quizzes <input type="checkbox"/> Written Reports <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Classroom Participation <input type="checkbox"/> Checklist <input type="checkbox"/> Classwork <input type="checkbox"/> Criterion Referenced test <input type="checkbox"/> Homework <input type="checkbox"/> Norm-referenced test <input type="checkbox"/> Special Projects <input type="checkbox"/> Tests and Quizzes <input type="checkbox"/> Written Reports <input type="checkbox"/> Other: _____

*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.*