



# IEP/IFSP Goal Tracking Form



*This form is intended for families to utilize during times of learning away from the physical classroom. Such as E-learning. It is import to track your child's goals so that you have evidence when reporting back to their IEP/IFSP team. Ensure that you understand the work toward each goal and seek assistance when a goal is not being worked on. It is also important to ensure your child has appropriate access.*

**Student Name** \_\_\_\_\_

**Date Started** \_\_\_\_\_

**Goal** \_\_\_\_\_

**Minutes for Goal** (day, week, month, term, etc.)

\_\_\_\_\_

\_\_\_\_\_ **minutes per** \_\_\_\_\_

\_\_\_\_\_

**Goal Owner:** \_\_\_\_\_

### Criteria

- + performs task independently
- V verbal prompt needed
- o performs task incorrectly
- X does not perform task

Date																			
Goal Observation																			
Indicate by date if you observed the goal using the criteria legend above. If your worked with someone individually, highlight that square with a highlighter.																			
Initial																			

Parent Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_