Student: _____ ID#: _____

School: _____ School Year: 200___ - 200___

Case Manager: _____

IEP Targeted Skill Area (objective)	As measured by (method of evaluation)	May baseline	September skill level	Date skill regained	December baseline	January skill level	Date skill regained	Pre-spring break baseline	Post-sprg break skill level	Date skill regained	ESY referral? No or Yes