



Individualization Goals

Center/Classroom:

Teachers:

Check Point Period:

Child's Name	Individualized Goal-Goals are completed after each checkpoint period. If goal is not completed, please repeat goal.	Activity to Support Goal	Achieved	Date Achieved
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			
	Fall:			
	Winter:			
	Spring:			

Please use the following key for when a child is no longer in your classroom.

This form is to be sent to the Education Team, eduteam@ceoempowers.org and your Center Manager when checkpoints are due.

T=Transferred

W=Withdrew



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