

**School name and Logo Date:**

**SMART Goals & Baseline Measure/Growth Chart**

\*SPECIFIC \*MEASURABLE \*ATTAINABLE \*RESULTS-BASED \*TIMEBOUND

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | SMART Goal(Include timeline) | Baseline Measure(Instructional level) | Strategies/Actions and Team Member Responsible | Measure of Progress | Review 1Date:  | Review 2Date:  | Review 3Date:  |
| 1 |  | *
 |  |  |  |  |  |
| 2 |  |  |  |   |  |  |  |
| 3 |  |  |  |  |  |  |  |

**What Do We Want \_\_\_\_\_\_\_ To Accomplish This Year?**

**(Group Brainstorm Activity)**

**Student Support Team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Participant Name** | **Role** | **Participant Name** |
|  **Parent** |  | **FNSA SEP Coach** |  |
| **Teacher** |  | **Speech Language Pathologist** |  |
| **Educational Assistant/s** |  | **Occupational Therapist** |  |
| **Learning Support Teacher** |  | **Psychologist** |  |
| **Principal** |  | **Physical Therapist** |  |
| **Other** |  | **Other** |  |