**CB IEP Review – Evidence of Learning**

**Student Name:** Click or tap here to enter text.

**Grade: School Year:**

**Classroom Teacher:**

**Case Manager:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Student Self-Assessment** | | | **Triangulation of evidence** | | | **Location of evidence** |
| **Date** | **Goals & Objectives** | | | | I feel confident | I feel like I need to keep practicing. | I feel like I need support. | Observation | Product | Conversation |
| Choose an item. |  |  |  | Core Competency Goal: Click or tap here to enter text. | | | | | | | |
| Choose an item. |  |  |  | Objective: Click or tap here to enter text. | | | | | | | |
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