**CB IEP Review – Evidence of Learning**

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

**Grade: School Year:**

**Classroom Teacher:**

**Case Manager:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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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