Please return to _____ **On or before:** _____
PLEASE COMPLETE BOTH SIDES (date)

Student Progress Check

Student Name: _____ **Teacher:** _____

Grade: _____ **Date:** _____

_____ A meeting has been scheduled for (date)_____ (time) _____Room # _____

In addition to our testing results, we are required to give additional information on the IEP forms regarding our shared students and their educational needs. Please complete this questionnaire and return it by the date listed. This information is vital to the completion of the IEP document. Parent will receive a copy of this report at the IEP.

	Please circle		
Curriculum has been modified/accommodated according to the IEP?	Yes	No	N/A
Student completes required class work?	Yes	No	
% Completed _____			
Student completes homework?	Yes	No	
% Completed _____			
Student has difficulty with tests?	Yes	No	
Student is able to understand the text?	Yes	No	
Student maintains acceptable classroom behavior?	Yes	No	
Student has good attendance?	Yes	No	
Student is an independent worker?	Yes	No	
Student appears motivated to do his/her best?	Yes	No	
Student is willing to ask for clarification if it's needed?	Yes	No	
Student is eager to volunteer/ participate in class discussions?	Yes	No	
Student is reluctant to volunteer/ seldom participates freely	Yes	No	

Are the following areas on, above, or below standard?

Reading	On	Above	Below
Math	On	Above	Below
Written Language	On	Above	Below

Academic strengths? _____

_____

_____

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Weaknesses? _____

_____

What subjects/areas does he/she appear to enjoy? _____

_____

What is your student's relationship with peers? _____

_____

What is his/her attitude towards school? _____

_____

Please comment on how you see this student's:

Social / Emotional interactions: _____

_____

Health / Attendance: _____

_____

Other concerns: _____

_____

Please list current scores you have available:

Reading: _____

_____

Writing Assessment: date_____ score _____ Math/other (primary): date _____ score _____

Date:

Level:

Other:

_____

_____

_____

What do you see as his/her area of greatest need? _____

_____

_____

List strategies/methods/materials you have found to be successful in working with this student:_____

_____

_____

_____

_____

Classroom Teacher's Signature _____ Date _____/_____/_____