

**STUDENT PROGRESS REPORT
FORM
(SAMPLE)**

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****CONFIDENTIAL****
IEP PROGRESS REPORT

IEP Date _____ Time: _____

General Education Teacher: _____ Date: _____ Room: _____

Special Ed. Case Carrier: William Matheny

Please fill out this form and return to the case carrier as soon as possible before the scheduled IEP date. Note fields with ----- are pull downs, click on field to make choice.

Grade Earned to Date: _____ (_____ %)

Work Habits: -----

Work Completion:

% of work turned in: -----

Quality of work turned in: -----

Comments:

Completes Assignments: -----

Brings Materials to Class: -----

Returns Homework: -----

Missing Assignments that may be made up:

Do you wish to attend this IEP YES No



Academic Goal(s) needed: *There is more than one pull down if needed.*

Reading: -----

Writing: -----

Math: -----

Teacher Comments:

Send to: _____

Room: _____

Progress Report

Return to: _____

Room: _____

Date returned: _____

Would you please fill out the following information and return this sheet to the student's case carrier. Thanks for you assistance.

Student _____

Period _____

Subject _____

Please place X next to best describes:

- | | | | |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Behavior | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Work Habits | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. Attendance | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 4. Are there any missing assignments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If yes, list which assignments are missing.

5. Does the student complete his/her work on time? Yes No Sometimes

6. What is the students' approximate grade at this time? A B C D F

Additional Comments

PERIODIC PROGRESS REPORT

To: Teacher _____ Return To: _____
Subject: _____ Room: _____
Period: _____ By (date) _____
Room Number: _____ Routine check _____
Parent Conference _____
IEP Meeting _____

Student's Name: _____ Grade: _____ Date: _____
Grade earned to date: _____ Attendance: Good _____ Fair _____ Poor _____
Student on S.O.S. Step # _____ Reason: _____

Work Habits: _____

Completes daily assignments: Regularly _____ Sometimes _____ Rarely _____
Brings materials to class: Regularly _____ Sometimes _____ Rarely _____
Returns homework: Regularly _____ Sometimes _____ Rarely _____
Missing Assignments needing completion: _____

Classroom Behavior: _____

	Yes	No		Yes	No
Distracts others	_____	_____	Participates willingly	_____	_____
Withdrawn	_____	_____	Stays on task	_____	_____
Talks too much	_____	_____	Helps others	_____	_____
Easily Distracted	_____	_____	Follows Directions	_____	_____
Other (specify) _____					

Attitude Towards Subject Matter: Good: _____ Indifferent: _____ Poor: _____

Social Interaction : _____

Peer relations: Excellent: _____ Good: _____ Fair: _____ Poor: _____
Relations to teacher Excellent: _____ Good: _____ Fair: _____ Poor: _____

Additional Comments: _____

I would like you to contact me about this student: Yes _____ No _____

PRE IEP PROGRESS REPORT

(Please respond by e-mail or return hard copy to sender)

Thank you

To:

Return to:

Subject:

Room #:

Period:

Room Number:

Return by Date:

Student's Name: _____ **Grade:** _____ **Date:** _____

Grade earned to date: _____ **Attendance (Good, fair, poor):** _____

Reason(s):

Work Habits: (Regularly; Sometimes; Rarely)

Completes daily assignments: _____ **Turns in Homework:** _____

Brings materials to class: _____

Missing assignments needing completion: _____

Classroom Behavior:

Distracts others (y/n) _____ **Participates willing (y/n)** _____ **Withdrawn (y/n)** _____

Stays on task (y/n) _____ **Talks too much (y/n)** _____ **Helps others (y/n)** _____

Easily distracted (y/n) _____ **Follows directions (y/n)** _____

Other (specify): _____

Attitude Towards Subject Matter: Good _____ Indifferent _____ Poor _____

Social Interaction: _____

Peer Relations: Excellent: _____ Good _____ Fair _____ Poor _____

Relations to teacher: Excellent: _____ Good _____ Fair _____ Poor _____

Additional Comments:

I would like you to contact me about this student: (y/n) _____ *(Thank you for your help)*

SPECIAL EDUCATION PROGRESS REPORT

To: _____ **Date:** _____

Student: _____ **Subject:** _____ **Per:** _____

Please return to: _____

This is a confidential progress report. The information requested will be reviewed at an Individualized Education Plan (IEP) meeting to be held on:
It is imperative to receive your input due to the due to the legality of the IEP. Thank you for taking the time to complete this request.

Please return this document through email or mailbox by:

Attendance and Current Grade

How is the attendance? **Excellent** **Good** **Fair** **Poor**

What is the current grade? **A** **B** **C** **D** **F**

Class Conduct

Yes **No** **Sometimes**

- | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| ➤ Is the student doing his/her best? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Does the student stay on task? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Is the student cooperative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Is the student willing to work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Does the student follow directions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Is the student easily distracted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Is the student noncompliant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Is the student disruptive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Does the student talk too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Has the student been referred? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked "Yes" or "Sometimes", describe the specific incidents: _____

Work Habits

Excellent **Good** **Fair** **Poor**

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ➤ How are the student's test scores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ How is the student's attitude? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ How does the student get along with his/her peers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please add any additional comments that you would like included in the IEP: _____

Thank you for your input.