***Supplemental Educational Services***

**Progress Report Sample**

(May be used for monthly and/or final reports for students in accordance with the Individual Learning Plan)

|  |  |  |
| --- | --- | --- |
| Type of Progress Report: | * Monthly * Final | Date: |
| Name of Service Provider: |  | |
| Name of Student: |  | |
| Student School/District: |  | |
| Date of Report: |  | |
| Area of Service Provision: | * Language Arts/Reading/Writing * Mathematics | |
| Project Goals for Service Area(s) | Goal 1: | |
|  | Goal 2: | |
|  | Goal 3: | |

**Measurable Short-term Objectives**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **Progress Period** | **Date Mastered** | **Pretest Score\***  (if applicable) | **Posttest Score\***  (if applicable) | **+/-** | **Type of Assessment**  **used** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Were Objectives Met? |  |
| If no, why not? |  |
| Additional Comments: |  |

Provider's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to School/LEA\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A summary progress report for all students must be sent to the district following the SES project period.