

## *Supplemental Educational Services*

### **Progress Report**

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

Type of Progress Report:	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Final	Date:
Name of Service Provider:		
Name of Student:		
Student School/District:		
Date of Report:		
Area of Service Provision:	<input type="checkbox"/> Language Arts/Reading/Writing <input type="checkbox"/> 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.