**Student: Month:**WaKIDS Completed:

# Overview

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| **Course Title** | **Progress** | **Goals**  |
| **Reading** |  |  |
| **Mathematics** |  |  |
| **Writing** |  |  |

|  |  |
| --- | --- |
| **Subject Area** | **Description of curriculum and/or experiences** |
| **Communication** |  |
| **Science** |  |
| **Social Studies** |  |
| **Arts** |  |
| **Health**  |  |
| **Physical Education** |  |
| **World Language**  |  |
| **Motor Skills**  |  |
| **Social-Emotional** |  |

**AT THIS TIME THE STUDENT \_\_\_\_ IS IS NOT MAKING SATISFACTORY PROGRESS**

According to the professional judgment of the certificated teacher, based on the stated monthly goals and the learning activities described in their Written Student Learning Plan.

Certificated Teacher: Date:

Student/Parent Contact: Method: