

Program Name

**Written Student Learning Plan Review
K-8 Monthly Student Evaluation Report**

Review Month _____

Student Name _____

Grade _____

SUMMARY OF PROGRESS

Review of previous month's measurable goals:	Goals met ___ YES / ___ in progress / ___ NO ___ Intervention Plan Required ___ Intervention Plan Met
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Comments

Course: Language Arts	
Course: Social Studies	
Course: Mathematics	
Course: Science	
Course: Health / PE	
Course: Fine Arts / Languages	
Course: Other	

Measurable Goals for the next month:	% / Measure

AT THIS TIME THE STUDENT IS / IS NOT
 Making overall "Satisfactory Progress" in completing the learning activities described in her/his Written Student Learning Plan.
Signatures of those present:

Teacher: _____ Date: _____

Student: _____

Parent: _____