

Supplement Educational Services Student Progress Report Central Union High School District

Student Name: _____ **Student ID Number:** _____

School: _____ **Grade Level:** _____

Provide the SES student progress report to parent and return to LEA: (LEA office, address, phone)

Provider Information

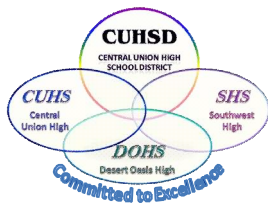
SES Provider Entity:	Supervisor of Tutor:
Office Phone: _____ E-mail: _____	Tutor Name: _____
Location of Tutoring: _____	Location Phone: _____

SES Goals for Student Academic Achievement

Subject Area: ELA or Mathematics	Student Learning Plan (SLP): approved by parent/guardian on _____ (date) SLP approval by LEA by _____ (Administrator) on _____ (date)	
Tutor to Student Ratio (one-on-one, small group, etc.):		
Achievement Goal as stated on SLP:	_____ Mastered (date) _____ _____ Not Mastered Provide response to Item (1) below.	
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Pre-test Score: _____ Date _____ Assessment Tool: _____	Post-test Score: _____ (upon completion of tutoring) Date ____ Assessment Tool _____	
(1) Describe reason(s) as of this report date that the student has <u>not</u> mastered goal(s) and steps that are being taken to allow student to move toward mastery.		

Frequency of Progress Reports (to be determined by the LEA): _____

Due dates: _____, _____, _____, _____



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Student Progress Report

Time Period for this specific Progress Report: _____ (beginning date) _____ (ending date)	
Number of hours scheduled for this reporting period: _____	
Number of hours student missed during this reporting period: _____ Provide response to Item (2) below. Student has completed: _____ total hours since beginning of program; Remaining hours: _____	
Skills your child has mastered/ learned during this reporting period	
Skills your child will be working on during the next reporting period	
Tutor Comments Tutor Name: Supervisor Name:	
(2) Describe steps that were taken by your SES organization as of this date to address any missed sessions and improve student attendance.	

This SES student progress report is being submitted to:

Parent _____ District _____ School _____
(date) (date) (date)

SES Provider Tutor (signature): _____ Date: _____

Phone: _____

E-Mail: _____

SES Provider Supervisor (signature): _____ Date: _____

Phone: _____

E-Mail: _____