

Student Individual Progress Monitoring and Consultation (Notice # _____)

Name/ID#: _____ / _____ Period: _____ Grade: _____ Level: _____ Date: _____

After reviewing your academic data during this grading period, we have determined the following:

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| <p>Academic Progress:</p> <p><input type="checkbox"/> Student is not progressing as scheduled.</p> <p><input type="checkbox"/> Student has low Post-Test Scores.</p> <p><input type="checkbox"/> Student has low Quiz/Test Scores.</p> <p><input type="checkbox"/> Student shows below –level mastery (not proficient).</p> <p><input type="checkbox"/> Academic setting and Independent learning leads to lack of progress</p> <p><input type="checkbox"/> Lack of language acquisition is hindering progress (E.S.O.L.: __)</p> <p><input type="checkbox"/> Student is not spending adequate time in Carnegie Software to master the necessary Math skills.</p> <p><input type="checkbox"/> Student’s computer skills are hindering progress</p> <p><input type="checkbox"/> Student’s lack of computer access is hindering progress.</p> <p><input type="checkbox"/> Student does not complete home-Learning.</p> <p><input type="checkbox"/> Evidence of poor study habits</p> <p><input type="checkbox"/> Lost Text-Book</p> <p><input type="checkbox"/> Student does not complete assigned class work</p> <p><input type="checkbox"/> Student must improve performance on District Test(s): _____</p> <p><input type="checkbox"/> Other(specify): _____</p> | <p>Discipline:</p> <p><input type="checkbox"/> Student does not follow directions or class rules.</p> <p><input type="checkbox"/> Student is disruptive(excessive talking).</p> <p><input type="checkbox"/> Student is constantly chewing gum.</p> <p><input type="checkbox"/> Student has difficulty focusing on assigned task</p> <p><input type="checkbox"/> Student is defiant towards authority figures</p> <p><input type="checkbox"/> Student is constantly late to class</p> <p><input type="checkbox"/> Other(specify): _____</p> <hr/> <p>Routines/Procedures:</p> <p><input type="checkbox"/> Student waste class time & needs teacher re-direction</p> <p><input type="checkbox"/> Student does not have notebook and/or necessary supplies</p> <p><input type="checkbox"/> Student does not take notes or pay attention</p> <p><input type="checkbox"/> Student does not use computer time efficiently</p> <p><input type="checkbox"/> Frequent absences/early departure, hindering progress</p> <p><input type="checkbox"/> Student has difficulty focusing on assigned task</p> <p><input type="checkbox"/> Student continues to have password issues</p> <p><input type="checkbox"/> Other(specify): _____</p> |
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Intervention or Behavior Modification Strategies:
 Since it is our objective that each student receives the maximum benefits from the instruction offered, we recommend the following:

| | | |
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| <input type="checkbox"/> Conference with appropriate Counselor | <input type="checkbox"/> Change seating | <input type="checkbox"/> Increase time using Carnegie |
| <input type="checkbox"/> Remove Class privileges (Music etc..) | <input type="checkbox"/> Peer-Tutoring | <input type="checkbox"/> Extra Grade Opportunity |
| <input type="checkbox"/> Parent-Teacher Phone call | <input type="checkbox"/> Drill-Practice | <input type="checkbox"/> Small Group Instruction |
| <input type="checkbox"/> Parent-Teacher Conference | <input type="checkbox"/> Increase study time | <input type="checkbox"/> Change class-room setting |
| <input type="checkbox"/> Other(specify): _____ | <input type="checkbox"/> Increase time using Reflex | <input type="checkbox"/> Increase Computer Access |

If you have any questions or concerns, You can schedule a parent-teacher conference or call Mr.Abreu /Ms.Bellas at 305-888-6457. **Unless there is significant improvement for this grading period, you may receive a failing grade. Teacher Signature:** _____

| | | |
|---------------------------------|--------------------|----------------------------------|
| Student Signature: _____ | Date: _____ | Present Math Grade: _____ |
|---------------------------------|--------------------|----------------------------------|

Parents please acknowledge receipt of this Progress Report by Signing and returning to your child’s teacher.

Parent Print Name: _____ **Signature:** _____

