M.S.A.D. #12
PROGRESS REPORT FORM FOR SPECIAL EDUCATION STUDENT OVERSIGHT AGREEMENTS

Date: __________________ School: __________________

Student's Town Responsible

Name: ________________ for Student: __________________

Address: ________________ Send to Attention of: ________________

_________________________________________________________________

FILL OUT RELEVANT PORTION

A. January Progress ___ June Progress ___

___ No concerns at this point

___ The following concerns (academic/special) exist:

______________________________________________________________

______________________________________________________________

Please attach a copy of the most current rank card.

B. Concerns with the student:

___ Transferred to another high school. Date: ______________

___ Moved to another town. Date: ______________

___ Has been absent for more than 10 school days. Dates of absence:

______________________________________________________________

___ Has been removed for disciplinary reasons. Date: ______

___ Referred to an alternative program

___ Referred to Student Assistance Team

___ Has been referred by staff or parent for consideration as a possible special needs student

___ Other

Summary of action to be taken in response to concerns:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Adopted: September 10, 2002