

**IEP Progress Report for**

**Progress report for**                      **school year**  
**Term**

**Areas Reflected on Your Student’s Progress Report (Areas noted are addressed on the IEP)**

| Area                                                  | Goal | Level of Progress |
|-------------------------------------------------------|------|-------------------|
| <input type="checkbox"/> <b>Basic Reading</b>         |      |                   |
| <input type="checkbox"/> <b>Reading Comprehension</b> |      |                   |
| <input type="checkbox"/> <b>Math Computation</b>      |      |                   |
| <input type="checkbox"/> <b>Math Application</b>      |      |                   |
| <input type="checkbox"/> <b>Written Language</b>      |      |                   |
| <input type="checkbox"/> <b>Behavior</b>              |      |                   |
| <input type="checkbox"/> <b>Non-compliance</b>        |      |                   |
| <input type="checkbox"/> <b>Verbal Aggression</b>     |      |                   |
| <input type="checkbox"/> <b>Physical Aggression</b>   |      |                   |
| <input type="checkbox"/> <b>Other</b>                 |      |                   |
| <input type="checkbox"/> <b>Other</b>                 |      |                   |
| <input type="checkbox"/> <b>Other</b>                 |      |                   |

**See attached documents for detailed information regarding your student’s progress on the above noted areas.**

When you have finished reading the Progress Report

- Please keep the Progress Report for your records, and
- Complete and return the second page, including the Parent Comments section.



**Parent Comments on Progress Report for school year \_\_\_\_\_, Term \_\_\_\_\_**

1. Parent/Teacher  Yes Check this box if you want to schedule a conference, in addition to your child's SEP Conference, to discuss this progress report with your student's special education teacher.
- No Check this box if you do NOT want to schedule a conference

2. Comments \_\_\_\_\_

3. Your Signature \_\_\_\_\_

4. Phone \_\_\_\_\_

5. Date \_\_\_\_\_

6. Please complete and return this page to your student's teacher within five (5) days.

If you have any questions about your student's performance on these goals and objectives, please contact \_\_\_\_\_ at \_\_\_\_\_ for additional information.

**Parent, Guardian and Student Rights**

Davis School District is an equal access/equal opportunity institution for education and employment. Questions or Complaints regarding the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973 may be addressed to Davis School District at PO Box 588, Farmington, UT 84025

Federal and State Regulations require that parents, guardians and students be informed of their rights. To obtain a copy of a document describing your rights, please contact your student's school.