Project MORE 2023-2024 Student's Progress Report

Fax to (419)523-6126 or mail to PCESC/Project MORE, 124 Putnam Parkway, Ottawa, OH 45875 **ASAP**

School District: ______________________________ Number of students in Project MORE ______________________

School Building Name: ______________________________ Total Number of Mentoring Sessions for All Students ____________

County: ______________________________ Number of Volunteer Mentors 55 years of age or older ____________

Coordinator(s): ______________________________ Total Number of Volunteer Mentors (include ALL ages) ____________

Student Name/or ID# Last Name, First Name	**Grade this school year**	**IEP** Yes=1 No=2	**Has the student received Project MORE services in previous year(s)?** Yes=1 No=2	**Date Entered** mm/yy	**Date Exited** (if applicable) mm/yy	**Disability** no disb=1 sld=2 id=3 ed=4 md=5 sli=6 vi=7 autism=8 ohi=9 oi=10 other=11	**Student's Packet Level when beginning Project MORE this school year**	**Student's Packet Level when ending Project MORE this school year**	**Total mentoring sessions** Each student's total number of 30 minutes	**Number of Levels Student Progressed**