

ISLESBORO CENTRAL SCHOOL

PROGRESS REPORT FORM

Date: _____

High School: _____

Student's
Name: _____

Town Responsible
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 this semester's 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/guardian for consideration as a possible special needs student.

_____ Other

Summary of action to be taken in response to concerns:

Adopted: _____