

Monthly Progress Review – Full-Day Kindergarten

Student: _____ Month: _____

WaKIDS Completed: _____

Overview

Course Title	Progress	Goals
Reading		
Mathematics		
Writing		

Subject Area	Description of curriculum and/or experiences
Communication	
Science	
Social Studies	
Arts	
Health	
Physical Education	
World Language	
Motor Skills	
Social-Emotional	

AT THIS TIME THE STUDENT ____ IS ____ IS NOT MAKING SATISFACTORY PROGRESS

According to the professional judgment of the certificated teacher, based on the stated monthly goals and the learning activities described in their Written Student Learning Plan.

Certificated Teacher: _____ Date: _____

Student/Parent Contact: _____ Method: _____