

**PROGRESS REPORT FORM
MEDWAY SCHOOL DEPARTMENT**

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: 5.1.12