

**M.S.A.D. #12
PROGRESS REPORT FORM FOR SPECIAL
EDUCATION STUDENT OVERSIGHT AGREEMENTS**

Date: _____

School: _____

Student's Town Responsible

Name: _____ 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 the most current 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 for consideration as a possible special needs student

____ Other

Summary of action to be taken in response to concerns:

Adopted: September 10, 2002 11