CLIENT PROGRESS REPORT

* To be completed and submitted on a monthly basis unless informational changes warrant more frequent reporting.

Client Name: _____________________________    Date _________________________

Hours Required: ___________________________________________________________________

Attendance

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<th>Week of:</th>
<th>Monday</th>
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KEY:      T: Tardy       L: Left Early       SC: Sick Child       E: Excused Absence

Please comment on any excused absences:  (Attach copies of written excuses)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any scheduled school breaks? _________  If yes, list dates: ______________

Total # of ABE hours of attendance to date: _____________________________________

Level Change Information if Appropriate

Date Assessment Given: _______________     Type of Assessment: _______________

Score/Level Change: _________________________________________________________
_________________________________________________________________________

Comments:  _____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

General Comments:  (indicate any changes in family situations; student attitude; student participation, etc)  ____________________

Signature:  _____________________________________________________________