

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

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday	Total

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: _____