

Date: _____

Clark County School District

Las Vegas, Nevada

Student Services Division

CCF-587

06/04

Page ____ of ____

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) PROGRESS REPORT

Student Name: _____ Grade: _____ DOB: _____ ID #: _____

Progress toward Area of Need coding system:

IEP Date: _____

Status: <i>Select One</i> 1. Not applicable during this grading period 2. No progress made 3. Some progress made 4. Significant progress made 5. Goal met	Projected Progress: <i>Select One</i> 1. Not Applicable 2. Negligible or No Progress 3. Some Progress, Limited 4. Adequate Progress 5. Good Progress 6. Goal Met	Reason for not meeting goal: 1. More time needed 2. Excessive absences/tardies 3. Assignments not completed 4. Need to review/revise IEP 5. Other (note reason)
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GOAL(S)	DATE	DATE	DATE	DATE	DATE	DATE

PARENT/GUARDIAN COMMENTS

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* IEP Quarters refer to the quarter of the IEP *not* school quarters.

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