



### Extended School Year Goal Progress Sheet

Teacher of Record: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please complete as applicable for each goal/benchmark/objective that was addressed through ESY services.

**Reminder:** A case conference must be held during the first grading period to review ESY goal progress.

Goal/benchmark/objective:
ESY Progress Monitoring:
Dates of ESY services:

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ESY Teacher Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of ESY teacher

**Reminder:** Provide the completed form to the student records administrative assistant at Adams Wells Special Services Cooperative and upload into the documents section of Indiana IEP.