

# Self-Progress Monitoring 2015-16

Fill out this form to help show progress towards your IEP goals.  
Thanks!

\* Required

1. **Date \***

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2. **When the bell rang I had my materials ready for class. \***

*Mark only one oval.*

- 1 - Never
- 2
- 3 - Rarely
- 4
- 5 - Sometimes
- 6
- 7 - Often
- 8
- 9
- 10 - Always

3. **I began working and kept working. \***

*Mark only one oval.*

- 1 - Never
- 2
- 3 - Rarely
- 4
- 5 - Sometimes
- 6
- 7 - Often
- 8
- 9
- 10 - Always

**4. I turned in my homework. \***

*Mark only one oval.*

- 1 - Never
- 2
- 3 - Rarely
- 4
- 5 - Sometimes
- 6
- 7 - Often
- 8
- 9
- 10 - Always

**5. I followed directions that were given to me. \***

*Mark only one oval.*

- 1-Never
- 2
- 3-Rarely
- 4
- 5-Sometimes
- 6
- 7-Often
- 8
- 9
- 10-Always

**6. If you would like to let me know anything about your week feel free to type it here. (Optional)**

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