

PARENT COMMUNICATION

VOLUSIA COUNTY SCHOOLS
Progress Report
Grades K - 5 Tutoring Program

Student Name: _____ Grade: _____

School: _____ Classroom Teacher _____ Year: _____

Tutor _____

Reading/Math	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		Recommendations
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	
Start Date									
# of classes attended (8 possible)									
Continue Intervention?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	

COMMENTS:

Tutor Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teachers: Please keep 1 copy in the student's records and make 1 copy to send home for the parent