



Secondary

Grades 6, 7, 8, 9, 10, 11, 12

MONITORING

Educational Services Division - EL Dept.

Check one: <input type="checkbox"/> R-FEP Follow-Up <input type="checkbox"/> EL Progress

Student's Name: _____ Grade: _____ DOB: _____
 Student ID number: _____ Birth Date: _____
 School: _____ School Year: _____ R-FEP Date: _____

		CST	Benchmark Scores			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
ELA	Year 1					
	Year 2					
Math	Year 1					
	Year 2					

CELDT (if applicable)	Year 1					
	Year 2					
		Overall	Listening	Speaking	Reading	Writing

CAHSEE (10th-12th grades only)	Date taken	ELA Score	Math Score	Date taken	ELA Score	Math Score

Areas of Concerns: Standards which are "Below Proficient" for ELA					
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1					
	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.
Year 2					
	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.

Interventions					
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	
	Year 2	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: _____ <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other

Grades		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1	ELA				
	Math				
Year 2	ELA				
	Math				

Year 1	Progress is <input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory _____ <div style="text-align: right;">Signature of EL Facilitator/Principal</div>
Year 2	Progress is <input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory _____ <div style="text-align: right;">Signature of EL Facilitator/Principal</div>