

**LISBON SCHOOL DEPARTMENT  
PROGRESS REPORT FORM**

Date: \_\_\_\_\_

High School: \_\_\_\_\_

Student's  
Name: \_\_\_\_\_

Town Responsible  
for Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Send to Attention of:  
\_\_\_\_\_

**Fill Out Relevant Portion**

A. January Progress \_\_\_\_\_

June Progress \_\_\_\_\_

\_\_\_\_\_ No concerns at this point

\_\_\_\_\_ The following concerns (academic/special) exist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of this semester's rank card.

B. Concerns with the student:

\_\_\_\_\_ Transferred to another high school. Date: \_\_\_\_\_

\_\_\_\_\_ Moved to another town. Date: \_\_\_\_\_

\_\_\_\_\_ Has been absent for more than 10 school days. Dates of absence:

\_\_\_\_\_ Has been removed for disciplinary reasons. Date: \_\_\_\_\_

\_\_\_\_\_ Referred to an alternative program.

\_\_\_\_\_ Referred to Student Assistance Team.

\_\_\_\_\_ Has been referred by staff or parent/guardian for consideration as a possible special needs student.

\_\_\_\_\_ Other

Summary of action to be taken in response to concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adopted: November 23, 2009

Reviewed: April 08, 2013

Reviewed: May 09, 2016

