



STEP Plan Progress Log

_____ School Name

Name of Student _____ Date of Birth _____ Age _____

Date of Last STEP meeting _____ Current School Year _____ Student Grade _____

Name of Person Keeping Log _____ (student, parent, teacher, administrator)

Areas of Action: Classroom Environment, Daily Lessons/Instruction, Assignments/Homework, Behavioral Support, Assessments/Evaluations, Additional Resources/Support, Health or Medical Issues

Date	Area of Action/Concern	Strategies/Adjustments	Comments and Measurement of Progress

BRING THIS COMPLETED LOG TO THE NEXT STEP MEETING.

Name of Student: _____

Areas of Action: Classroom Environment, Daily Lessons/Instruction, Assignments/Homework, Behavioral Support, Assessments/Evaluations, Additional Resources/Support, Health or Medical Issues

Date	Area of Action/Concern	Strategies/Adjustments	Comments and Measurement of Progress

Notes: