

**STEP Plan Progress Log**

School Name \_\_\_\_\_

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**



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:

