

STEP (Support Team Education Plan) Progress Log

School Name: _____

Student Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

Date of Last STEP meeting: _____ **Current School Year:** _____

Name of Person Keeping Log (Indicate: student, parent, teacher, or administrator):

Area(s) of Difficulty to Target	Target Behaviors or Specific Academic Goals for Student	Strategies/Adjustments implemented to help student achieve target behaviors or academic goals	Did the strategies implemented help improve the area of difficulty and move the student towards the target behaviors or academic goals?	Date
				Week 1
				Week 2
				Week 3
				Week 4

Outcomes/Comments:



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