

Reading Recovery Student Report, Academic Year _____

Teacher _____

Building _____

Student Name	# lessons # weeks	End of Program Status & Date	Referred for other Service (specify)	Incomplete program (Less than 20 weeks) Why?	Moved
Sample Student (1)	60/15	Discontinued Dec. 8			
Sample Student (2)	80/20	Recommended Jan. 22	SAT team Small group reading		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Number of students who needed Reading Recovery (reading below proficient level at the end of 1st grade) who were unavailable to participate _____

Number of Reading Recovery students retained _____

Number of Reading Recovery students placed in SPED for reading _____

SEND THIS FORM WITH YOUR BUILDING REPORT TO DIANE STEVENS AT MSEAC: 130 E. 9th Street, Fremont NE 68025
Fremont Area Reading Recovery Training Site

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