

**The School Board of St. Lucie County, Florida**  
**Title 1 - Migrant Program**  
**Progress Report**

20\_\_\_\_ - 20\_\_\_\_

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

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

	1st Grade Period	2nd Grade Period	3rd Grade Period	4th Grade Period
Progress				
Effort				
Conduct				

E = Excellent      I = Improving      U = Unsatisfactory  
S = Satisfactory      N = Needs Improvement

Comments 1st:

Parent Conference Requested:     Yes     No

Comments 2nd:

Parent Conference Requested:     Yes     No

Comments 3rd:

Parent Conference Requested:     Yes     No

Comments 4th:

Parent Conference Requested:     Yes     No

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*(Please return this portion to the Title 1 Teacher)*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_