PROGRESS SUMMARY- Project Literacy of Greater Bergen County

Your Name			Time Period of Report (Circle One) Jan-June July-Dec		
Your Phone			_ Email	Year of Report	
Your Student			Student's Goal/s		
Lesson Date	Length	Prep Time	Lesson Topics ex: word families am ap; language experience story; etc.	Specific Achievements (If any) ex: driver's license, read to child, etc.	

Lesson Date	Length	Prep Time	Lesson Topics	Specific Achievements (If any)

What is your overall assessment of your student's progress during this six-month period?
What kinds of barriers to success are you or your student encountering?
How can the Project Literacy office assist you?