Student Support Services

Progress Monitoring Data Worksheet

Student Name:_____

Focus *(pick one)*:

☐ Vocabulary ☐ Phonemic Awareness ☐ Letter Identification
☐ Fluency ☐ Phonics/Decoding ☐ Listening/Reading Comprehension
☐ Number Sense ☐ Math Calculation ☐ Math Word Problems
☐ Numerical Concepts ☐ Letter/Word Writing ☐ Sentence Writing
☐ Paragraph Writing ☐ Other:_____

Name of Monitoring Test:

☐ Reading Wkly/Unit Test ☐ Reading Fluency Probe ☐ Math Chapter/Unit Test
☐ Writing Probe ☐ Letter Naming Probe ☐ Letter Sounds/Phonemes
☐ Other:_____

Score Used from Monitoring Test:

☐ Percent Correct ☐ CWPM ☐ Rubric Score
☐ Number Correct ☐ Other:_____

Group Used for Peer Comparison: same grade general education class_____

Student will be tested: ☐ Every Week ☐ Every 2 weeks ☐ Other:_____

Peers will be tested: at baseline and at least 2 follow up dates):_____

Date (mm/dd/yy)	**Note if intervention changed and describe the change**	**Student's Score**	**Peer Score** (group average or median)	**Benchmark Score**