

Progress Report for Parents

Student Name: _____ Grade: _____

School: _____ Teacher: _____

Speech Language Pathologist: _____

Your child's speech language therapy has been focused on _____

Work with your child has been:

Your child's cooperation has been

- In regular classroom
- In pull out therapy
- _____

- Excellent
- Needs Improvement
- _____

Progress has been seen with: _____

Skills needing further development: _____

If you have questions or concerns please feel free to contact me at _____
