MY1 & MY2 Monitor Form

School: _____ Student: _____

Student ID: _____Current Grades: _MY1-_ _____MY2-_ _____

Monitor Form to be completed a minimum of three times annually (spaced by trimester or quarter)

Criteria monitored	**MY1 1st check date**	**MY1 2nd check date**	**MY1 3rd check date**	**MY2 1st check date**	**MY2 2nd check date**	**MY2 3rd check date**
District Benchmarks (NWEA, STAR, etc.)						
Current Grades						
Input from some Stakeholders (EL teacher, Classroom/Content teacher, Counselor/Admin, Parent, Student)						

Notes/Observation:

This student has successfully completed the monitoring process.

_____ _____

EL Teacher Counselor/ Administration

_____

Date