

SAMPLE 1: Great Start Readiness Program (GSRP) K-2 Follow-up Form

GSRP grantees are required by the Michigan Department of Education
to follow progress of all children who have participated in GSRP.
Completion of this form assists in program evaluation.

Child's Name:		Birth Date:	
School District/PSA:		Elementary School:	
Grade Level:	Kindergarten	First Grade	Second Grade
School Year:			
Teacher:			

CHILD INFORMATION Below Grade Level= **BG** At Grade Level= **GL** Above Grade Level= **AG**

Social			
Emotional			
Self Help Skills			
Physical Growth			
Math			
Reading			
Attention Span			
Oral Language			
Special Services	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____
Placement Next Year			

PARENT INFORMATION Regularly = **R** Occasionally = **O** Never = **N**

Supports Child's Attendance			
Attends Parent/Teacher Conferences			
Volunteers in Classroom/School Organizations			
Supports At-Home Activities			

Please complete and return to: GSRP, 000 Sunny Drive, Your Town, MI 00000

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