

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	Birthdate	School District	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			