Mentoring 4 Reading Achievement End of the School Year Report 2018/19

Email/Mail/Fax to Amy Freeman: Fax 740.383.6421

School District:_____ _____ **or Organization**_____ **Approximate Number of Mentors Aged 55+**_____

School Name: _____ **Coordinator(s)** _____ **Number of Total Mentors**_____

Student Name / or ID #	**Grade** for this school year	**IEP** Yes or No	**Category** 1. None 2. At Risk 3. Autism 4. ID/CD 5. ELL 6. ED 7. MD 8. SLD 9. SLI	**Date Began** M4RA m-yy	**Date Exited** M4RA m-yy	**If yes: Reason** 1. Moved 2. Met Exit Crit 3. Gr Not Served 4. Behavior 5. Parent 6. No Mentor 7. Other	**Student's Reading Level** when beginning M4RA this school year	**Readinga-z** **Cold wpm also** the **Pack Level** when started M4RA this year	**Readinga-z** **Cold wpm at the *same* Pack Level** at the end of school year	**Total mentoring sessions by May 31st 2019** Each student's total # sessions