
ANNUAL PROGRESS REPORT

Kansas-Nebraska Conference Office of Education

School _____ School Year _____

Date of Last Evaluation _____ Page _____ of _____ (use as many pages as needed)

List ALL Recommendations from Last School Evaluation	Projected Completion Date	Completion Status (please check one)	Date Complete	Reason Not Completed or Documentation for Completion
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		

List ALL Recommendations from Last School Evaluation	Projected Completion Date	Completion Status (please check one)	Date Complete	Reason Not Completed or Documentation for Completion
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		

Principal/Head Teacher Signature _____ Date _____

List ALL Recommendations from Last School Evaluation	Projected Completion Date	Completion Status (please check one)	Date Complete	Reason Not Completed or Documentation for Completion
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		

Principal/Head Teacher Signature _____ Date _____

List ALL Recommendations from Last School Evaluation	Projected Completion Date	Completion Status (please check one)	Date Complete	Reason Not Completed or Documentation for Completion
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		
		<input type="checkbox"/> Not Complete <input type="checkbox"/> Complete		

Principal/Head Teacher Signature _____ Date _____