

Parent Advocate: Family Log

Year: 2023-2024

Parent Advocate Name:

State:

Family:		COE #:															
Number of children in household:				Grade/Age(s): PK (0-2) PK (3-5) K 1 2 3 4 5 6 7 8 9 10 11 12 OSY													
Family expressed need for instructional services: <input type="checkbox"/> Reading instruction <input type="checkbox"/> Writing instruction <input type="checkbox"/> Math instruction <input type="checkbox"/> Learning English <input type="checkbox"/> Technology instruction/materials/devices <input type="checkbox"/> GED <input type="checkbox"/> Readiness for kindergarten <input type="checkbox"/> Other:						Does the family have access to the Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No						Does the family have access to a laptop, tablet or smart phone? <input type="checkbox"/> Yes <input type="checkbox"/> No					
						Did the family receive instructional services from the MLN that matched their needs? <input type="checkbox"/> Yes <input type="checkbox"/> No						Did the family receive training on how to use the MLN to assist their children with reading and math? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Instructional Services Log

List the instructional services/materials provided from the MEP Program and the MLN. When a teacher or paraprofessional has viewed outcomes for the instruction (e.g., pre/post assessments scores on the tutorials and results listed on the students success plan) estimate how much progress the student made in the final column. If instructional results were not observed, leave blank

Name of Student	Grade or OSY	Instructional service provided: e.g., Tutoring, MLN online reading or math screeners and tutorials, family literacy and math activities, other resources, etc.	How much progress did the student make toward instructional objectives?			
			<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot
			<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot
			<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot
			<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot
			<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot