



Little Wishes Progress Report

Date: _____
Provider Name: _____
Business Name: _____
From: Blue Skies for Children, Little Wishes Enrichment Program
Child's Name: _____
For Period: _____ through _____

Blue Skies for Children requires a quarterly progress report to let us know how the child is progressing. We appreciate your cooperation and input.

Attendance:

- The student is consistently attending classes.
- The student has missed _____ classes this quarter.

Attitude/Behavior:

- The student has a positive attitude and enjoys class.
- The student lacks enthusiasm for the program.
- The student is disruptive in class.
- Other _____

Participation

- The student is actively participating in class.
- The student has varied participation.
- The student is not participating in class.

Growth / Development: (please comment)

Additional Comments / Issues: (please comment)

Signature: _____ Date: _____

Please return this form to:

Blue Skies for Children 1901 N. State Ste. B, Bellingham, WA 98225
Phone: 360-756-6710 Fax: 360-756-6732 website: www.blueskiesforchildren.org