

To be given to teachers on

Thursday/Friday



To the teachers of: _____

Student's Name

Date

This student is being monitored for academic progress at his/her parent's/guardian's request. Please complete and return to the student.

Student's Class Schedule

Circle "Yes" or "No" as appropriate (Class Title)	Per 1	Per 2	Per 3	Per 4	Per 5	Per 6	Per 7
Student consistently brings materials to class	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Student completes homework on a regular basis	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Student completes assignments/tests	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Student is consistently in attendance/ on time	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If 'No', number of absences this nine weeks							
Student conduct is appropriate	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Current 9 weeks grade							
Teachers initials							

Comments: (If you would like a conference with the parent, please indicate that here along with your contact phone number)

Per. 1 _____

Per. 2 _____

Per. 3 _____

Per. 4 _____

Per. 5 _____

Per. 6 _____

Per. 7 _____