

Garfield Daily Progress Report

Date: _____ **Student Name:** _____ **Grade:** _____

Reason: _____

This report is to monitor academic progress. It informs the coach/ sponsor/ parent/ or counselor of weekly progress and supports academic endeavors. Please write a letter grade. No Progress Check will be made during the 5 school days after the quarter ends and prior to the grading day deadline. (Progress, Quarter or Semester) Thank you.

*Substitutes – Please fill out as much as possible and SIGN noting that you are a SUB.

****Use of this form should not interfere with classroom instruction time.** Students should circulate this form before or after school, and then submit it at end of day.

Class	All homework turned in	Satisfactory class participation	Cooperative attitude with other students and teacher	Attendance Please list Tardies and Absences	Progress in class Please circle	Teacher's Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abs____ T ____	A B C D E P N	

Continued tutoring assistance is needed Yes No If "Yes", tutorial focus is needed in the following areas(s) _____

Additional comments:

Parent/guardian signature: _____

Student signature: _____