

Weekly Academic Progress Report

Student Name: _____ School: _____

Report For The Week Of: _____

TEACHERS: Please check the appropriate categories below and make any comments you feel are important.

STUDENT: Take the report to each of your teachers on the following day each week: _____

PARENT: Review the report with your child. Once you have reviewed the report with your child, please:

- sign here and return it to the school. Parent/Guardian Signature: _____
- keep for your records.

Please arrange a conference with your child's teacher(s) if you have any concerns regarding your child's progress. If your child is at risk for failing or being retained, you will be contacted by the school.

Period	Class	Good Attendance		Up-To-Date Assignments		Grade To Date	Assignments Not Completed/Comments	Signature
		Yes	No	Yes	No			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

If you have any questions, please feel free to contact your child's school and/or teacher.