

Weekly Student Progress Report



Student Name: _____ Evaluation Period: _____

Grade: 9 10 11 12 Requested by: _____

Subject / Teacher Name: _____ / _____

What is the student's approximate grade at this point? A B C D F **(additional comments on back of sheet)**

If C or below, please check all that apply: ___ Homework incomplete ___ Behavioral problem

Teacher Initials: _____ ___ Poor test / quiz grades ___ Attendance

Date: ___ / ___ / ___ Recent academic and/or behavioral progress noted? Yes or No

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Students, please return to your counselor once form is completed. Form can be downloaded from www.dematha.org.