

Bi-Weekly Progress Report

Student name: _____

For the week of: _____

Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory	Work habits: <input type="checkbox"/> Work independently and puts forth their best effort <input type="checkbox"/> Needs some help and puts forth their best effort <input type="checkbox"/> Does not complete work <input type="checkbox"/> Unfocused/distracted
Math: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory	Reading: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory
Writing: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory	Test grades: Math: _____ Reading Comprehension: _____ Vocabulary: _____ Grammar: _____ Spelling: _____
Homework: <input type="checkbox"/> Completed daily and student put forth their best effort <input type="checkbox"/> Completed daily but student did NOT put forth their best <input type="checkbox"/> Missing some of the homework assignments <input type="checkbox"/> Did not complete any of the homework assignments	Parent/Guardian signature: (Sign & Return tomorrow) _____ Comments: _____ _____