



SCHOOL DISTRICT OF PHILADELPHIA

INTERIM REPORT TO PARENT

NAME OF STUDENT			DATE
GRADE	ROOM	SCHOOL	

ATTENTION: THIS COPY IS A VIEWING SAMPLE. TO USE THIS FORM USERS MUST ORDER IT FROM THE WAREHOUSE.

Dear Parent or Guardian:

This is an interim report designed to inform you of a significant change in your child's progress, achievement or behavior. If you wish a conference, or have any questions, call the school office.

Please sign this report below, detach the signed portion and return it to your child's teacher within three (3) days.

<input type="checkbox"/> PARTICIPATES REGULARLY IN CLASS <input type="checkbox"/> HAS LEADERSHIP QUALITIES <input type="checkbox"/> DEMONSTRATES GOOD BEHAVIOR <input type="checkbox"/> DEMONSTRATES CREATIVITY <input type="checkbox"/> ATTENDS REGULARLY <input type="checkbox"/> SHOWS IMPROVED EFFORT <input type="checkbox"/> IS PROMPT WITH ASSIGNMENTS <input type="checkbox"/> GETS ALONG WELL WITH OTHERS <input type="checkbox"/> HAS IMPROVED WORK HABITS <input type="checkbox"/> HAS HIGH TEST SCORES <input type="checkbox"/> COMPLETES HOME ASSIGNMENTS <input type="checkbox"/> OTHER _____ _____	<input type="checkbox"/> FINDS SUBJECT DIFFICULT <input type="checkbox"/> DOES NOT PARTICIPATE <input type="checkbox"/> FAILS TO COMPLETE HOME ASSIGNMENTS <input type="checkbox"/> HAS MISSED TESTS <input type="checkbox"/> EXHIBITS DISRUPTIVE BEHAVIOR <input type="checkbox"/> HAS LOW TEST SCORES <input type="checkbox"/> FAILS TO SEEK HELP <input type="checkbox"/> HAS POOR STUDY HABITS <input type="checkbox"/> HAS EXCESSIVE ABSENCES <input type="checkbox"/> HAS EXCESSIVE LATENESS <input type="checkbox"/> FAILS TO BRING MATERIALS TO CLASS <input type="checkbox"/> IS IN DANGER OF FAILING <input type="checkbox"/> _____ (Subject) <input type="checkbox"/> _____ (Subject)
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TEACHER'S COMMENTS:

PARENT! PLEASE SIGN, DETACH AND RETURN THIS PORTION TO YOUR CHILD'S TEACHER.

TEACHER / PRINCIPAL	STUDENT
PARENT'S SIGNATURE	DATE