

# 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.

<b>Class</b>	<b>All homework turned in</b>	<b>Satisfactory class participation</b>	<b>Cooperative attitude with other students and teacher</b>	<b>Attendance Please list Tardies and Absences</b>	<b>Progress in class Please circle</b>	<b>Teacher's Signature</b>
	<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:** \_\_\_\_\_