

# Student Progress Report - Kamiak High School



Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student: Please give to your teachers at the START of each period. It is your responsibility to get it collected.

Teachers: Thank you in advance for your time. Please circle what applies for your class period.

Course	Behavior	Effort/Participation in Class	Test/Quizzes Assessments	Homework	Grade	Teacher Initials
1.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
2.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
3.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
4.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
5.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
6.	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	
0/7	Excellent Meets Expectations Needs Improvement	Not an issue at this time Needs improvement	Not an issue at this time Needs improvement Negative impact on grade	Not an issue at this time Often missing or late Often incomplete	A B C D F ____% or Qmlativ is current <input type="checkbox"/>	

Comments: \_\_\_\_\_

Athletics Office Use:                      Circle:    Eligibility Granted    Eligibility Denied

GPA: \_\_\_\_\_    Date: \_\_\_\_\_    ASB/Athletics Approval: \_\_\_\_\_

If checked, parent signature is required and completed report must be turned into the Dean of Students within 3 days of its date.

Parent Signature \_\_\_\_\_