Weekly Progress Report

Chesterton High School 2125 South 11th Street Chesterton, IN **219-983-3730**

PRINT Student Name:						Date of Progress from:to	
Instructions: On Thursdays/Fridays, the student must take responsibility for picking up this form and delivering it to the teacher at the beginning of the period and picking it up at the end of the period. (Student must complete NAME, Blk(Block), and Subject areas.)							
Blk	Subject	Current Overall Grade:	Test/Quizzes This Week: (NA if none)	Homework This Week: (Check one)	Attendance: (Check all that apply. Include # of tardies)	Behavior & Attitude:	Upcoming Tests/Quizzes/Projects Additional Comments and Teacher Signature:
			(() Completed () Missing Assignment(s)	() Acceptable () Unacceptable ()Tardies	() Good () Needs Improvement	
				() Completed () Missing Assignment(s)	() Acceptable () Unacceptable ()Tardies	() Good () Needs Improvement	
				() Completed () Missing Assignment(s)	() Acceptable () Unacceptable ()Tardies	() Good () Needs Improvement	
				() Completed () Missing Assignment(s)	() Acceptable () Unacceptable ()Tardies	() Good () Needs Improvement	
				() Completed () Missing	() Acceptable () Unacceptable ()Tardies	() Good () Needs Improvement	

) Acceptable

)Tardies __

) Acceptable

() Unacceptable

)Tardies _

) Unacceptable

) Good

() Needs

() Good

() Needs

Improvement

Improvement

() Completed

() Missing

Assignment(s)

() Completed

) Missing

Assignment(s)