LAHS WEEKLY PROGRESS REPORT FOR WEEK OF _____

STUDENT NAME: _____

TO: Staff
FROM: Counseling Department

This student's parent would like a weekly progress report. Please make short notations when the student hands the form to you. If you would like to comment on the student's progress, please use the reverse side of this form. It is the student's responsibility to write in the course title and to take the report home. Thank you.

PER	**TEACHER**	**COURSE**	**ATTENDANCE** Absence	Tardies	**HOMEWORK** Completed	Incomplete	**GRADE** Quiz/Tests	**GRADE TO DATE**
1			M T W TH F	M T W TH F				
2			M T W TH F	M T W TH F				
3			M T W TH F	M T W TH F				
4			M T W TH F	M T W TH F				
5			M T W TH F	M T W TH F				
6			M T W TH F	M T W TH F				
7			M T W TH F	M T W TH F				

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