

## Weekly Student Progress Report

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

*Student: Bring this to your teachers at the end of the week to have completed. After having this completed, be sure to bring this home for your parent's signature. RETURN TO YOUR COUNSELOR.*

| Course/Materia | % in class | Progress/o                   | Comments/Comentarios<br><small>(ex: things going well, need improvement on, upcoming assignments)</small> | Teacher Initial |
|----------------|------------|------------------------------|---|-----------------|
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Firma del Padres/Tutor*  
 Parent/Guardian Comments \_\_\_\_\_  
*Comentarios del Padres/Tutor*

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|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |
|                |            | + / <input type="checkbox"/> |   |                 |

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Firma del Padres/Tutor*  
 Parent/Guardian Comments \_\_\_\_\_  
*Comentarios del Padres/Tutor*