DeForest Area High School

WEEKLY ACADEMIC PROGRESS REPORT

STUDENT_____

For The Week Of_____ Parent Signature_____

TEACHERS: The parents of this student have requested a weekly updating of his/her performance in your class. Please check the appropriate categories below and make any comments you feel are important. The student will bring this report home.

TO BE FILLED IN BY STUDENT

TO BE FILLED IN BY TEACHER

Period	Class	Good Attendance		Up To Date Assignments		Appropriate Behavior		Grade To Date	Assignments Not Completed/Comments	Signature
		Yes	No	Yes	No	Yes	No			
1										
2										
3										
4										
5										
6										
7										
8										

Clear Page