

DAILY OR WEEKLY PROGRESS REPORT

STUDENT: _____

DATE: _____

Student: Please carry this rating sheet with you and give it your teacher(s) at the end of each day or week.

PERIOD	SUBJECT	THIS Day / Week GRADE	HOMEWORK COMPLETED (circle one)	CLASSWORK COMPLETED (circle one)	CONDUCT RATING	TEACHER COMMENTS	TEACHER SIGNATURE
ZERO			YES NO SOME	YES NO SOME			
ONE			YES NO SOME	YES NO SOME			
TWO			YES NO SOME	YES NO SOME			
THREE			YES NO SOME	YES NO SOME			
FOUR			YES NO SOME	YES NO SOME			
FIVE			YES NO SOME	YES NO SOME			
SIX			YES NO SOME	YES NO SOME			
SEVEN			YES NO SOME	YES NO SOME			
EIGHT			YES NO SOME	YES NO SOME			
			YES NO SOME	YES NO SOME			

Courtesy of Julio J. Guerra, Ph.D. (714) 898-0362

Conduct Rating Scale

- | | |
|-----------------|-----------------------|
| 5 - Outstanding | 2 - Needs Improvement |
| 4 - Good | 1 - Unacceptable |
| 3 - Acceptable | |

Parent Signature