

PLANTATION HIGH SCHOOL

WEEKLY PROGRESS REPORT FOR _____ **Date** _____

Student's name _____

Period	Attendance Tardies	Student's Performance	Grade	Homework / Class work	Teacher Comments	Teacher Signature
1st	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
2nd	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
3rd	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
4th	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
5th	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
6 th	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature
7 th	<input type="checkbox"/> Absences this week <input type="checkbox"/> Tardies this week	<input type="checkbox"/> Doing well <input type="checkbox"/> Book/ Materials not brought to class <input type="checkbox"/> Improving <input type="checkbox"/> Declining performance <input type="checkbox"/> Behavior must improve		<input type="checkbox"/> Done <input type="checkbox"/> Partially done <input type="checkbox"/> None turned in <input type="checkbox"/> Poor test performance		<input type="checkbox"/> Please contact teacher _____ Teacher's Signature