

OXNARD HIGH SCHOOL

WEEKLY STUDENT PROGRESS REPORT

STUDENT NAME: _____ DATE: _____

STUDENT NUMBER: _____ GRADE: _____ FROM: _____

INSTRUCTIONS: Please check the appropriate response adding helpful comments. The information that you provide will be shared with the student's parents.

PERIOD	SUBJECT	TEACHER SIGNATURE	WEEKLY GRADE	SEMESTER GRADE TO DATE	CITIZENSHIP	ASSIGNMENTS NOT COMPLETE	PARTICIPATION IN CLASS	ATTENDANCE	COMMENTS (Use back if necessary)
1					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	
2					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	
3					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	
4					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	
5					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	
6					<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> Homework <input type="checkbox"/> Classwork <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Notebook	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> OK <input type="checkbox"/> NEEDS IMPROVEMENT	