

SRHS GUIDANCE DEPARTMENT

Student Academic Weekly Report

STUDENT: _____ ID #: _____ Grade: _____ DATE: _____

Teachers: This child's parent/guardian has requested that you help them monitor their child's progress by completing this weekly report. This report may come to you just once or may be used for a 4 – 6 week period. The report is intended to help the parent work directly with the student to help correct some academic deficiencies. Please complete this report and return it directly to the student. Please feel free to attach an intergrade report or any other information that you feel would be helpful.

Please comment on any/all of these areas that you feel are pertinent at this time: behavior, study habits, daily preparation, test/quiz results, attendance, effort/attitude, current grade and note any recommendations you can suggest.

Subject	Teacher	Comments	Recommendations

Parents: If after receiving this report you have questions please contact the teacher or your child's guidance counselor.