



Washington Middle School

WEEKLY PROGRESS REPORT

Student Name: _____
Student ID: _____ DATE: _____

<u>WEEK OF:</u>	<u>Eng.</u>	<u>Math</u>	<u>S.S.</u>	<u>Science</u>	<u>P.E.</u>	<u>Elec./Rdg</u>
ACADEMIC GRADE						
CITIZENSHIP						
SHOWS IMPROVEMENT:						
Work						
Behavior						
Working with others						
Effort						
Cooperation						
Attitude						
NEEDS IMPROVEMENT:						
Talking/Socializing in class						
Getting to work						
Following directions						
Completing/turning in HW						
Completing classwork						
Bringing materials to class/Being prepared						
Overdue work						
Attitude towards class						
No improvement/other (see comments)						
Absent (# this week)						
Tardies (# this week)						

English Teacher Signature/Comments: _____

Math Teacher Signature/Comments: _____

S.S Teacher Signature/Comments: _____

Science Teacher Signature/Comments: _____

P.E. Teacher Signature/Comments: _____

Elective/Reading Teacher Signature/Comments: _____

If this box is checked, please call the Counseling Office at 796-7100 ext. 8611 to arrange a parent/teacher/student conference.

Parent Signature/Comments: _____

