




## PROGRESS REPORT

Reagan Educational Center – Weekly Progress Report

STUDENT NAME: \_\_\_\_\_  
Last Name
First Name
Middle Name

SID# \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_ Counselor: \_\_\_\_\_

**COMMENT CODES:** **0** = Needs Improvement  = Unchanged  = Improving  = Comments on Reverse

PERIOD	TEACHER	CLASS	INITIAL	GRADE	CLASS WORK	HOME WORK	TEST	CONDUCT/ATTITUDE
1 <sup>st</sup>								
2 <sup>nd</sup>								
3 <sup>rd</sup>								
4 <sup>th</sup>								
5 <sup>th</sup>								
6 <sup>th</sup>								
7 <sup>th</sup>								
Other:								

**This Report Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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