

Silverado High School Weekly Progress Report

Student Name:

ID #

Grade: _____

Week of: _____

Please have each teacher fill out this progress report and initial. Once it is complete, have your parent/guardian sign off and submit to your counselor.

Period	Course	Current Grade (%)	# Tardies and/or Absences	Comments (Low test scores, missing assignment)	Teacher Initials	Parent Initials	Counselor Initials
1							
2							
3							
4							
5							
6							

Submit to counselor on: _____