Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Teacher Comment: | Parent Comment/Signature: | Behavior |
| Week 1:Date: |  | Concerns: □Yes □No | S NS |
| Week 2:Date: |  | Concerns: □Yes □No | S NS |
| Week 3:Date: |  | Concerns: □Yes □No | S NS |
| Week 4:Date: |  | Concerns: □Yes □No | S NS |
| **Middle of Nine Weeks** I have reviewed and understand my child’s academic progress. I have no concerns at this time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent initial)I have concerns and am requesting a parent conference. \_\_\_\_\_\_\_\_\_\_ (parent initial) |
| Week 5:Date: |  | Concerns: □Yes □No | S NS |
| Week 6:Date: |  | Concerns: □Yes □No | S NS |
| Week 7:Date: |  | Concerns: □Yes □No | S NS |
| Week 8:Date: |  | Concerns: □Yes □No | S NS |