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 |