

Student Check Sheet

Name: _____ Year: _____ Week of: _____

PERIOD 1: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 2: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 3: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 4: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 5: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 6: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

PERIOD 7: Course: _____ Teacher's Signature: _____

Absences: _____ Grade to Date: _____ Assignments Due: _____

Comments: _____

ADVISORY: Teacher's Signature: _____ Absences: _____ Grade to Date: _____

Comments: _____

STUDENTS ARE REMINDED TO APPROACH TEACHERS WITH THIS FORM AT CONVENIENT TIMES DURING THE PERIOD