



Lakeview Leadership Academy

WEEKLY PROGRESS REPORT



Student Name:					Grade:			Week of:		
Periods	0	1	2	3	4	5	6	7	Tutoring	
# of Tardies										
# of Absences										
Behavior*	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
Completes Homework	<input type="checkbox"/> Always <input type="checkbox"/> Seldom <input type="checkbox"/> Never									
Completes Class Assignments	<input type="checkbox"/> Always <input type="checkbox"/> Seldom <input type="checkbox"/> Never									
Cumulative Grade	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F
Percentage										
Teacher Signature										

* O = Outstanding S = Satisfactory N = Needs Improvement U = Unsatisfactory

Period	Teacher's Comments
0:	
1:	
2:	
3:	
4:	
5:	
6:	
7:	
8:	

Parent/Guardian Signature: _____

Date: _____