



953 High Street, Victor, New York 14564 www.victorschools.org p 585.924.3252 f 585.742.7020

Karen Finter, Assistant Superintendent for Instruction

QUARTERLY REPORT GRADES 7-12

(Complete ONE form per student)

School Year: _____

Name of Student: _____
Grade Level: _____ DOB: _____ Age: _____
Parents/ Guardians Name: _____
Address: _____
City, State, Zip Code: _____
Email Address: _____ Phone Number: _____

(Please check one of the following)

- Quarter 1
 Quarter 2
 Quarter 3
 Quarter 4 & please include annual assessment
information with Q4 report

Quarterly Report Beginning and Ending Dates: _____ to _____

Number of Hours of Instruction This Quarter: _____

(Please note: Minimum total hours are 247.5 per quarter/990 per year)

Days Present: _____ Days Absent: _____

We have covered at least 80% of our planned material this quarter: ____ yes ____ no

If no, please provide explanation in the space below:

Signature of Instructor

Date

*Please download and complete the forms. Email as an attachment.
Attach additional pages as necessary.*



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QUARTERLY REPORT GRADES 7-12 (continued)

School Year: _____

Subject:	Plans/Materials	Hours of Instruction <i>(hours per day x # of days)</i>	Grade
English			
Geography/History			
Science			
Math			
PE			
Health			
Art (.5)			
Music (.5)			
Electives:			

Total Hours of Instruction _____