Grand Island Central School District

HOME SCHOOL QUARTERLY REPORT Grades 7-8

Student:	Grade Level:	Date:
Quarter:	Hours of Instruction:	
Please describe the specific skills and concepts covere was achieved. (Use additional sheet as needed.)	d during this quarter and	the level to which each
English/Language Arts:	Grade/Evaluation:	# Hours:
Lag it	0 1/5 1	
Mathematics:	Grade/Evaluation:	# Hours:
Social Studies:	Grade/Evaluation:	# Hours
Social Studies.	Grade/Evaluation	# Hours:
Science: (include life sciences and physical science)	Grade/Evaluation:	# Hours:
Sections (merade in esterious and physical science)	Grade, Evaluation	

Health: (Include HIV/AIDS, alcohol/drug/tob safety education)	Grade/Evaluation:	
Physical Education:	Grade/Evaluation:	# Hours:
Thysical Education.	Grade/Evaldation:	# 110u13
	- 1 (- 1)	
Music:	Grade/Evaluation:	# Hours:
Practical Arts:	Grade/Evaluation:	# Hours:
Library Skills:	Grade/Evaluation:	# Hours:
Plan for Annual Assessment (to be submitted	no later than third quarter)	
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Гest Name:	Date: _	
ndividual Providing Instruction	Date of Ou	uarterly Report Submitta
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School District Personnel Receipt	 Date of Ou	uarterly Report Receipt
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