

Home Schooling  
QUARTERLY REPORT: Grades 1-6

Student Name \_\_\_\_\_  
Last First MI

Grade \_\_\_\_\_

(check one):

- Quarter 1            Date submitted \_\_\_\_\_
- Quarter 2            Date submitted \_\_\_\_\_
- Quarter 3            Date submitted \_\_\_\_\_
- Quarter 4            Date submitted \_\_\_\_\_

(please include annual assessment)

Total number of hours of instruction this quarter \_\_\_\_\_

Days present \_\_\_\_\_ Days absent \_\_\_\_\_

Subject	Grade/Written narrative	At least 80% covered this quarter?*
Arithmetic		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spelling		<input type="checkbox"/> Yes <input type="checkbox"/> No
Writing		<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language		<input type="checkbox"/> Yes <input type="checkbox"/> No
Geography		<input type="checkbox"/> Yes <input type="checkbox"/> No
US History		<input type="checkbox"/> Yes <input type="checkbox"/> No
Science		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health		<input type="checkbox"/> Yes <input type="checkbox"/> No
Music		<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Arts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Education		<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL (if needed)		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If "no", please provide written explanation on the reverse side of this form using additional pages if necessary.

\_\_\_\_\_  
 Signature of Instructor