

Home Schooling
QUARTERLY REPORT: Grades 7-8

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?*
English		<input type="checkbox"/> Yes <input type="checkbox"/> No
History/Geography		<input type="checkbox"/> Yes <input type="checkbox"/> No
Science		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Education		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health		<input type="checkbox"/> Yes <input type="checkbox"/> No
Art		<input type="checkbox"/> Yes <input type="checkbox"/> No
Music		<input type="checkbox"/> Yes <input type="checkbox"/> No
Practical Arts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Library Skills		<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