To the Parent/Guardian of
Student Name
Home Address
Caregiver Phone

Malden High School

First Quarter Progress Report

Homeroom	*Graduation Year*	*Counselor*	*Report Date*	*School Year*

Course Information		Teacher Comments
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
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Course Code	Credits:	
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Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	
Course Name	Teacher	Teacher Comments
Course Code	Credits:	

Cumulative averages are not calculated at the time of the progress report.

Parent / Guardian Signature: _____ Date: _____

	Absent	Tardy	Dismissed
Term 1:			
Term 2:			
Term 3:			
Term 4:			
Year Total			

Credit Summary
Previous:
Current Earned:
Current
Total to Date: