STUDENT DAILY PROGRESS REPORT TEMPLATE

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STUDENT NAME	ROOM NUMBER	DATES COVERED

INSTRUCTOR'S NAME	SUBJECT/GRADE

SCORING

0 - No participation or negative impact	**3- Good contribution**
1 - Minimal participation or impact	**4 - Great contributions**
2 - Room for improvement	**5 - Above and beyond expected**

CLASS ACTIVITY/GOALS

DESCRIPTION	DATE	EVALUATION NOTES	SCORE
		STUDENT SCORE	

TEACHER FEEDBACK

PARENT SIGNATURE

PARENT NAME	PARENT/GUARDIAN SIGNATURE		DATE

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