



PLUS Student Progress Report

Session# NA **2** 3 4 5 6

September 23rd to October 11th

EHS Plus High School

www.ehsplus.net

530-510-4247

Michelle Saelee, Counselor

Cheryl Frank, Teacher: cfrank@suhsd.net

Scott Lee, Teacher: slee@suhsd.net

Principal

Elsbeth Prigmore

PLUS: **«Group»**

Student: **«First_Name» «Last_Name»** ID# «ID»

Grade: **«Grade»**

Course: PLUS Math	Teacher: Mrs. Frank	Current Grade or %: _____
Course: PLUS Science	Teacher: Mrs. Frank	Current Grade or %: _____
Attendance:	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Frequent Absences/Tardies
Assignments Completed:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Good Use of Class Time:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Understanding Class Materials:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Work/Study Habits:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable
<input type="checkbox"/> Serious Problem <input type="checkbox"/> Seldom Never <input type="checkbox"/> Seldom Never <input type="checkbox"/> Seldom Never <input type="checkbox"/> Poor		
OTHER OBSERVATIONS/TEACHER'S COMMENTS: _____		

Course: PLUS English	Teacher: Mr. Lee	Current Grade or %: _____
Course: PLUS Social Science	Teacher: Mr. Lee	Current Grade or %: _____
Attendance:	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Frequent Absences/Tardies
Assignments Completed:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Good Use of Class Time:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Understanding Class Materials:	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Work/Study Habits:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable
<input type="checkbox"/> Serious Problem <input type="checkbox"/> Seldom Never <input type="checkbox"/> Seldom Never <input type="checkbox"/> Seldom Never <input type="checkbox"/> Poor		
OTHER OBSERVATIONS/TEACHER'S COMMENTS: _____		

Course: «Study_Hall»	Teacher: _____	Current Grade or %: <input type="checkbox"/> passing
	«Study_Hall_Teacher»	<input type="checkbox"/> failing

ATTENDANCE/COMMENTS by Counselor: _____

I reviewed my grades above and they are current and correct:

Student's Signature: _____

Date: _____