



Progress Report  
Carmel Valley Middle School

Name: \_\_\_\_\_

Friday's Date: \_\_\_\_\_

Frequency:            Weekly            or            Monthly

Grade:        7            8

CLASS	ACADEMIC GRADE	HW COMPLETION	EFFORT TO IMPROVE	TEACHER SIGNATURE
ENGLISH	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	
MATH	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	
HISTORY	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	
SCIENCE	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	
PHYSICAL EDUCATION	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	
ELECTIVE	A B C D F	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often	O S N U	

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Grade:		
Did I put in my best effort?	Yes	No
Did I achieve the grades I want?	Yes	No