



# South Bend Community School Corporation Special Education Services

## General Education Progress Check

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

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Class Period: 1 2 3 4 5 6

To: \_\_\_\_\_

(Teacher Name)

It is my responsibility to monitor the progress of students on my Teacher of Record List. Please assist me in collecting the necessary information to ensure that this student's educational plan is appropriate.

Behavior	EXCELLENT	GOOD	FAIR	POOR
Class Participation	EXCELLENT	GOOD	FAIR	POOR
Test Scores	EXCELLENT	GOOD	FAIR	POOR
Homework Completion	EXCELLENT	GOOD	FAIR	POOR
Grades	EXCELLENT	GOOD	FAIR	POOR
Attendance	EXCELLENT	GOOD	FAIR	POOR
Number of Missing Assignments:	1 2 3 4 5 6	more than 6		
Approximate Grade	A B C D F N			

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your cooperation. If you need additional information or have questions, please feel free to contact me.

\_\_\_\_\_

Teacher of Record

\_\_\_\_\_

Room

\_\_\_\_\_

e-mail address

\_\_\_\_\_

Phone Number