



AVID Progress Monitoring



Name: _____ Date: _____

**Students: Fill in boxes on the right : teacher signature required after reflection is completed for grades of "C" or lower.

Period: _____ Subject: _____ Teacher: _____

<u>Grade</u>	<u>Attendance</u>	<u>Behavior/ Work Habits</u>
<input type="checkbox"/> A	<input type="checkbox"/> Excellent	<input type="checkbox"/> Pleasure in class
<input type="checkbox"/> B	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good Participation
<input type="checkbox"/> C	<input type="checkbox"/> Poor	<input type="checkbox"/> Positive attitude
<input type="checkbox"/> D		<input type="checkbox"/> Self motivated
<input type="checkbox"/> F		<input type="checkbox"/> Completes homework
		<input type="checkbox"/> Does well on tests

Percentage: _____

Student Reflection: _____

Teacher Initials: _____

Teacher Comments:

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Percentage: _____

Student Reflection: _____

Teacher Initials: _____

Teacher Comments:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____