

Oak Park High School Weekly Progress Report

Name: _____

Week of: _____

Per.	Subject	Completed All Assignments	Attended 7 th Period Support	Test/Quiz Next Week	Comments/ Grade/ Improvement?	Teacher's Signature
0		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
1		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
2		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
3		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
4		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
5		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
6		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes (____times) <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

Parent/Guardian Signature

Student Signature

Please return this signed report to the Counseling Office each Monday.