**STUDENT DAILY PROGRESS REPORT**

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| STUDENT NAME | ROOM NUMBER | DATES COVERED |  |
|   |   |   |  |
| INSTRUCTOR'S NAME | SUBJECT/GRADE |  |
|   |   |  |
| SCORING  |  |  |  |  |
| **0 - No participation or negative impact** | **3- Good contribution**  |  |  |  |  |
| **1 - Minimal participation or impact** | **4 - Great contributions** |  |  |  |  |
| **2 - Room for improvement** | **5 - Above and beyond expected** |  |  |  |  |
| CLASS ACTIVITY/GOALS |
| **DESCRIPTION** | **DATE** | **EVALUATION NOTES** | **SCORE** |
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| TEACHER FEEDBACK | **STUDENT SCORE** |  |
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|   |
| PARENT SIGNATURE |  |  |
| **PARENT NAME** | **PARENT/GUARDIAN SIGNATURE** |  | **DATE** |
|   |   |   |   |

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