



TKHS AVID Grade Check

Student Name: _____

AVID Teacher: _____

Date: _____

Period: _____

Period	Class	Teacher	Grade					+/- or %	Teacher Signature/ Initials	Comments: Please circle all that apply or add your own if you like.
1			A	B	C	D	F			Missing Work Low Test Scores Off Task
2			A	B	C	D	F			Missing Work Low Test Scores Off Task
3			A	B	C	D	F			Missing Work Low Test Scores Off Task
4			A	B	C	D	F			Missing Work Low Test Scores Off Task
5			A	B	C	D	F			Missing Work Low Test Scores Off Task
6			A	B	C	D	F			Missing Work Low Test Scores Off Task
7			A	B	C	D	F			Missing Work Low Test Scores Off Task

My Goals for the next two weeks are:

- 1.
- 2.
- 3.

Parents: Please do not sign this sheet until you see a signature from each of your student's teachers, discuss your student's goals and include your own comments or concerns below.

Parent Signature: _____

Date: _____