

Upward Bound Program
University of Hawai'i at Hilo
RURAL
STUDENT PROGRESS REPORT

To the teacher: In order to assess the academic performance of students in the Upward Bound, and to help us develop an appropriate tutorial plan, we request your assistance in providing us with the following information. Parental consent for obtaining this information has been received. We would appreciate it if you would complete this form as soon as possible. Thank you for your cooperation and assistance.

To the students: Upon completion of this form, please turn it in to Lisa Ann Amaral via email, fax (974-7615) or dropped off at the Upward Bound Office.

FRIDAY, MAY 4, 2012

Name of Student _____ Grade Level _____

School _____ Quarter _____ Year _____

| Period | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|---|---|---|---|---|---|---|---|
| Course | | | | | | | | |
| Grade Received | | | | | | | | |
| Please rate the following: E= Excellent, S= Satisfactory, NI= Needs Improvement, U= Unsatisfactory | | | | | | | | |
| Attendance | | | | | | | | |
| Participation in class discussions & activities | | | | | | | | |
| Completion of assignments | | | | | | | | |
| Cooperation with teachers and peers | | | | | | | | |
| Attitude towards learning | | | | | | | | |
| Tutoring recommended (yes or no) | | | | | | | | |
| Teacher's signature | | | | | | | | |

Additional Comments: (Please continue on back if necessary)

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____

Period 6: _____

Period 7: _____

Period 8: _____

Parent Signature: _____

Date: _____