STUDENT MONTHLY PROGRESS REPORT
Upward Bound Program
University of Hawai‘i at Hilo

DUE DATE: SATURDAY, MAY 7, 2016

To the students: Upon completion of this form, please turn it in to your Program Coordinator via email, fax (932-7515) or dropped off at the Upward Bound Office. By submitting this form you will earn 10 points which is equivalent to $2.50 towards your stipend.

Name of Student ___________________________________________ Grade _______ School ____________________________

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.

Please use the Academic Grade scale for #1:   A = Excellent, B = Good, C = Average, D = Poor, F = Failing
Use the following scale for #2-5: E = Excellent, S = Satisfactory, NI = Needs Improvement, U = unsatisfactory

<table>
<thead>
<tr>
<th>Class Title:</th>
<th>English</th>
<th>Math</th>
<th>Science</th>
<th>History</th>
<th>Social Science</th>
<th>Foreign Language</th>
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</thead>
<tbody>
<tr>
<td>1. Academic Grade to Date</td>
<td></td>
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<td>2. Behavior / attitude appropriate at all times.</td>
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<td>3. Student prepared for class.</td>
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<td>4. Student completes all homework and classwork assignments and turns it in.</td>
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<td>5. Puts forth best effort in class.</td>
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</tbody>
</table>

ENGLISH Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

MATH Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

SCIENCE Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

HISTORY Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

SOCIAL SCIENCE Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

FOREIGN LANGUAGE Teacher Signature: ______________________________ Date: _____ / _____ / _____
Comments: ________________________________________________________________________________________________

Parent/Legal Guardian Signature: ______________________________ Date: _____ / _____ / _____

8/19/15