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 Deanna Marshall via email, fax (974-7615) or dropped off at the Upward Bound Office.

**SATURDAY, OCTOBER 13, 2012**

Name of Student __________________________________________ Grade Level __________________________

School __________________________________________ Quarter __________ Year __________

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<th>Period</th>
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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: ____________________________