**STUDENT DAILY PROGRESS REPORT**

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| STUDENT NAME | | | ROOM NUMBER | | | DATES COVERED | | | |  | |
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| 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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