

Athletic Academic Progress Report

RETURN COMPLETED REPORT (ALL CLASSES) TO THE ATHLETICS OFFICE BY 3:30 EVERY MONDAY

Student Name

Date

Current Activity

ID

Dear Staff Member:

As a former teacher, I realize that requesting your feedback on this form represents an additional and unforeseen duty during your already busy day; however, your assistance is essential to our mission of improving the academic standing of our student-athletes. If you do not have a letter grade readily available, please indicate this student's progress using "pass" or "fail." Thank you for your cooperation and continued support of Raider Athletics.

Chris Coleman - Athletic Director/Assistant Principal

ALL CLASSES MUST BE COMPLETED				Attendance (optional)			Behavior (optional)		
Period	Class	Grade	Teacher Signature	Accept	Needs Imp.	Not Accept	Accept	Needs Imp.	Not Accept
0									
1									
2									
3									
4									
5									
6									
7									

Missing Assignments or Comments (optional)

0	
1	
2	
3	
4	
5	
6	
7	