

Buena Park High School: Student Weekly Evaluation Sheet



Name of Student: _____ Student ID Number: _____ Date: _____
Teacher: The following information has been requested by the parent(s) of the above-named student.

Period	Subject/Teacher	Attendance	Behavior	Classwork Completed	Homework Completed	Make-Up Work Required	Teacher Signature & Teacher Comments
0		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
1		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
2		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
3		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
4		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
5		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____
6		<div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Satisfactory</div> <div><input type="checkbox"/> Unsatisfactory</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Teacher Signature: _____

Parent Signature: _____ Parent Comments: _____

