



School-Home Note

Student Name:		Grade:				
Person Completing This Note:						
Student Behaviors		MON	TUES	WED	THURS	FRI
		ll			//_	
The student completed classwork in a						
satisfactory manner						
1	No					
2 1	0					
The student used class time well.						
Yes So-So	No					
2 1	0					
The student got along well with peers.						
Yes So-So	No					
2 1	0					
The student followed teacher requests.						
Yes So-So	No					
2 1	0					
(Optional Behavior)						
Yes So-So	No					
2 1	0					
Comments [Optional]:						
Parent Sign-Off (Optional): I have reviewed this School-Home Note and discussed it with my child.						
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Parent Signature: Date: _____