Name:				Date:	Week	
					VGRADE CHECK FORM	
U	ISE YOUR	R BEST H	ANDWR	RITING	TO COMPLETE THE COLUMNS B	ELOW
(List Classes in Alphabetical Order)	Class/Course (Full Name)	<b>Teacher</b> (Last Name Only)	<b>Grade</b> (% and Letter)	Points per Grade (A=4 B=3 C=2 D=1 F=0)	Use this area to explain what you are struggling with and/or what is working well for you in each class. You <b>MUST</b> write one or the other or both if it applies.	Did you improve from last week? Yes or No
1						
2						
3						
4						
5						
6						
MY G	PA: TOTAL GI	RADE POINTS_		(DIV	(IDED BY 6) = CLASS GPA	
REFLI	E <b>CTION</b> : Did you	improve from la	st week? Why	y or why not?		
11. #		et. Talo encarra	941 •		VALUE OF THE STATE	
4		•			K to improve your grades/behavior in school by <b>NEXT WEEK</b> .	
1						

2.

Name:	Date:	WEEK

Name:	Date:	Week
Use the lines below to identify <b>TWO SPECIFIC</b> things you w	'ill do <b>THIS WEEK</b> to improve your grades/behavior in sch	nool by <b>NEXT WEEK</b> .
1		
2		