

**STUDENT PROGRESS REPORT/ACTION PLAN SHEET**

**ERHS AVID \_\_\_\_, CLASS OF 20\_\_**

**THE CHALLENGE: GRADES WITH \_\_\_\_ % OR BELOW DUE DATE: \_\_\_\_\_**

| CLASS | PERIOD # | GRADE/%<br>AS OF:<br>_____ | ACTION PLAN<br>(TEACHER VERIFICATION/SIGNATURE FOR ALL THAT APPLY) |                                  |                                 |                                   |
|-------|----------|----------------------------|--|----------------------------------|---------------------------------|-----------------------------------|
|       |          |                            | TEACHER/STUDENT<br>CONFERENCE                                      | INSTRUCTOR'S<br>TUTORING SESSION | TEST/QUIZ/ASSIGNMENT<br>MAKE-UP | TRF/STUDY GROUP<br>SHEET/TUTORIAL |
|       |          |                            |  |                                  |                                 |                                   |
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PARENT SIGNATURE: \_\_\_\_\_ COUNSELOR APPOINTMENT: \_\_\_\_\_

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PARENT SIGNATURE: \_\_\_\_\_ COUNSELOR APPOINTMENT: \_\_\_\_\_