

Moanalua High School Boys Volleyball Progress Report & Grade Check Form

Athlete Name: _____ Grade: _____ Date: _____

Sport: Boys Volleyball Coach: Cabanting, Alan Due: _____

Period	Student Work Habits		Additional Comments, Concerns, or Homework
	Please mark with a <input checked="" type="checkbox"/> or an <input checked="" type="checkbox"/> if the student IS DOING the following work habits in class. Other comments are also encouraged (i.e., not getting homework done)!		
1	Subject: _____	Grade: A B C D F OR <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Teacher: _____
	<input type="checkbox"/> Came to class prepared with all materials and/or equipment (i.e. pen and notebook). <input type="checkbox"/> Completed and turned in homework for class on time. <input type="checkbox"/> Used most of class time to try and complete class work (efficient use of class time). <input type="checkbox"/> Actively participated and/or contributed to class activities (class work & discussions). <input type="checkbox"/> Attitude towards learning was positive (respects teacher & worked well in groups). <input type="checkbox"/> Other: _____ Teacher Initial: _____		Additional Comments: <input type="checkbox"/> Attendance Issues (OLate OAbsence)
2	Subject: _____	Grade: A B C D F OR <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Teacher: _____
	<input type="checkbox"/> Came to class prepared with all materials and/or equipment (i.e. pen and notebook). <input type="checkbox"/> Completed and turned in homework for class on time . <input type="checkbox"/> Used most of class time to try and complete class work (efficient use of class time). <input type="checkbox"/> Actively participated and/or contributed to class activities (work & discussions). <input type="checkbox"/> Attitude towards learning was positive (respects teacher & worked well in groups). <input type="checkbox"/> Other: _____ Teacher Initial: _____		Additional Comments: <input type="checkbox"/> Attendance Issues (OLate OAbsence)
3	Subject: _____	Grade: A B C D F OR <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Teacher: _____
	<input type="checkbox"/> Came to class prepared with all materials and/or equipment (i.e. pen and notebook). <input type="checkbox"/> Completed and turned in homework for class on time . <input type="checkbox"/> Used most of class time to try and complete class work (efficient use of class time). <input type="checkbox"/> Actively participated and/or contributed to class activities (work & discussions). <input type="checkbox"/> Attitude towards learning was positive (respects teacher & worked well in groups). <input type="checkbox"/> Other: _____ Teacher Initial: _____		Additional Comments: <input type="checkbox"/> Attendance Issues (OLate OAbsence)
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	<input type="checkbox"/> Came to class prepared with all materials and/or equipment (i.e. pen and notebook). <input type="checkbox"/> Completed and turned in homework for class on time . <input type="checkbox"/> Used most of class time to try and complete class work (efficient use of class time). <input type="checkbox"/> Actively participated and/or contributed to class activities (work & discussions). <input type="checkbox"/> Attitude towards learning was positive (respects teacher & worked well in groups). <input type="checkbox"/> Other: _____ Teacher Initial: _____		Additional Comments: <input type="checkbox"/> Attendance Issues (OLate OAbsence)
6	Subject: _____	Grade: A B C D F OR <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Teacher: _____
	<input type="checkbox"/> Came to class prepared with all materials and/or equipment (i.e. pen and notebook). <input type="checkbox"/> Completed and turned in homework for class on time . <input type="checkbox"/> Used most of class time to try and complete class work (efficient use of class time). <input type="checkbox"/> Actively participated and/or contributed to class activities (work & discussions). <input type="checkbox"/> Attitude towards learning was positive (respects teacher & worked well in groups). <input type="checkbox"/> Other: _____ Teacher Initial: _____		Additional Comments: <input type="checkbox"/> Attendance Issues (OLate OAbsence)
Subject: CAP		Grade: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Teacher: _____