

First Grade Progress Report

WARREN COUNTY SCHOOL DISTRICT
589 Hospital Drive, Suite A
Warren, PA 16365

Student: _____

School Year: 2013-2014

Grade Level: First Grade

School Name: _____

Teacher Name: _____

DAYS ABSENT IN MARKING PERIOD

| | 1 st | 2 nd | 3 rd | 4 th |
|-----------|-----------------|-----------------|-----------------|-----------------|
| Excused | | | | |
| Unexcused | | | | |

DAYS TARDY IN MARKING PERIOD

| | 1 st | 2 nd | 3 rd | 4 th |
|-----------|-----------------|-----------------|-----------------|-----------------|
| Excused | | | | |
| Unexcused | | | | |

TEACHER COMMENTS: (OPTIONAL)

Assigned to grade _____ for the _____ school year.

TEACHER SIGNATURE: _____