

# Kindergarten Progress Report

## WARREN COUNTY SCHOOL DISTRICT

589 Hospital Drive, Suite A  
Warren, PA 16365

Student: \_\_\_\_\_

School Year: 2013-2014

Grade Level: Kindergarten

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

### DAYS ABSENT IN MARKING PERIOD

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Excused				
Unexcused				

### DAYS TARDY IN MARKING PERIOD

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Excused				
Unexcused				

TEACHER COMMENTS: (*OPTIONAL*)

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Assigned to grade \_\_\_\_\_ for the \_\_\_\_\_ school year.

TEACHER SIGNATURE: \_\_\_\_\_