

Perkiomen Valley High School
Percussion Ensemble

Progress Check for _____

Date _____

Class	Teacher Name	Could this student be in danger of failing your class for the year if his/her current academic habits continue? (circle Yes or No)	Teacher Initials
English		Yes / No	
Social Studies		Yes / No	
Science		Yes / No	
Math		Yes / No	
Language		Yes / No	
Phys Ed		Yes / No	
Health/Drivers Ed		Yes / No	
Elective		Yes / No	
Elective		Yes / No	
Elective		Yes / No	

Teachers: Thank you very much for your time and effort.
 Mr. Clelland (MSW) will contact any teachers who indicate "Yes" that the student is in academic danger for the year.

 Parent Signature (after all teachers have signed)

DUE DATES:	(unless there is a "Yes" – then every week)	1/15	1/29	2/12	2/26	3/11	4/1	4/15
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