

# Academic Intervention Program (AIP): WEEKLY PROGRESS REPORT

Student name: \_\_\_\_\_ Team: \_\_\_\_\_ Week ending: \_\_\_\_\_

This report must be signed by all teachers – in the event the teacher is absent, have the school office sign it to verify

Class: \_\_\_\_\_; Teacher: \_\_\_\_\_ All Homework Completed: Yes: \_\_\_\_ No: \_\_\_\_

**Behavior:** Excellent Good Needs Imp. / **Attitude:** Excellent Good Needs Imp. / **Effort:** Excellent Good Needs Imp.

**Note:**

**Teacher Signature:** \_\_\_\_\_

Class: \_\_\_\_\_; Teacher: \_\_\_\_\_ All Homework Completed: Yes: \_\_\_\_ No: \_\_\_\_

**Behavior:** Excellent Good Needs Imp. / **Attitude:** Excellent Good Needs Imp. / **Effort:** Excellent Good Needs Imp.

**Note:**

**Teacher Signature:** \_\_\_\_\_

Class: \_\_\_\_\_; Teacher: \_\_\_\_\_ All Homework Completed: Yes: \_\_\_\_ No: \_\_\_\_

**Behavior:** Excellent Good Needs Imp. / **Attitude:** Excellent Good Needs Imp. / **Effort:** Excellent Good Needs Imp.

**Note:**

**Teacher Signature:** \_\_\_\_\_

Class: \_\_\_\_\_; Teacher: \_\_\_\_\_ All Homework Completed: Yes: \_\_\_\_ No: \_\_\_\_

**Behavior:** Excellent Good Needs Imp. / **Attitude:** Excellent Good Needs Imp. / **Effort:** Excellent Good Needs Imp.

**Note:**

**Teacher Signature:** \_\_\_\_\_

Class: \_\_\_\_\_; Teacher: \_\_\_\_\_ All Homework Completed: Yes: \_\_\_\_ No: \_\_\_\_

**Behavior:** Excellent Good Needs Imp. / **Attitude:** Excellent Good Needs Imp. / **Effort:** Excellent Good Needs Imp.

**Note:**

**Teacher Signature:** \_\_\_\_\_