

WEEKLY Assignment/Progress Evaluation

Student: \_\_\_\_\_ Date Work Assigned: \_\_\_\_\_

WORK DUE ON: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Course/ Text	Assignments, Activities, Materials/Resources	Complete YES	Complete NO

IF YOU NEED HELP CALL YOUR TEACHER AT: \_\_\_\_\_ EXT. \_\_\_\_\_

Date Work Received: \_\_\_\_\_

Dates										
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
ADA Credit										

Supervision Teacher’s Evaluation/Certification: My signature below indicates that I, the assigned supervising teacher, have personally evaluated the student’s work, or that I have personally reviewed the evaluations make by other certified teachers.

Supervision Teacher’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_