

CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM

REPORT TO PARENTS

Life Skills Classroom

20____ - 20____

Student Name: _____

Teacher: _____

Principal: _____

School: _____

ATTENDANCE	1 st	2 nd	3 rd	4 th
PRESENT				
ABSENT				

PARENT COMMENTS/SIGNATURE

1st Grading Period _____

Parent Signature: _____

2nd Grading Period _____

Parent Signature: _____

3rd Grading Period _____

Parent Signature: _____

4th Grading Period _____

Parent Signature: _____

TEACHER COMMENTS/SIGNATURE

1st Grading Period _____

Teacher Signature: _____

2nd Grading Period _____

Teacher Signature: _____

3rd Grading Period _____

Teacher Signature: _____

4th Grading Period _____

Teacher Signature: _____

Parent/Teacher Additional Comments: _____
