

Student Name _____

Date _____

Teacher: Mr. Seibert

Phone: 314-213-8033 Ext. 6327

E-mail: aseibert@psdr3.org

Daily Check In

	Date	Assign. Book	Attend. / Tardies	Effort/ Attitude	Prepared For Class	Locker/ Organiz.	Work Completion	Positives	Negatives	School Participation
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

FRIDAY GRADE CHECK

DATE _____

Math		Science		SS		Comm. Arts	
Grade	Cit.	Grade	Cit.	Grade	Cit.	Grade	Cit.

Missing Work

Class _____	Assignment _____
Class _____	Assignment _____
Class _____	Assignment _____
Class _____	Assignment _____
Class _____	Assignment _____

Notes to Parent

Parent Signature: _____

Student Name _____

Date _____

Teacher: Mr. Seibert

Phone: 314-213-8033 Ext. 6327

E-mail: aseibert@psdr3.org

Please check your son/daughters assignment notebook and grades on regular basis and contact their teacher(s) if you have any questions.

<u>Monday</u>	
<u>Tuesday</u>	
<u>Wednesday</u>	
<u>Thursday</u>	
<u>Friday</u>	