



Ann Sederquist, Director  
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Faculty: Please give us an indication of student's performance/productivity in your class at this point of the quarter.

Student Name:

Date:

# GRADE CHECK

Hour	Class Name	Grade - Letter Preferred - Pass/Fail Okay	Teacher - Sign/Date	Comments / Missing Work
1				
2				
3				
4				
5				
6				
7				
8				

Parent Signature: \_\_\_\_\_