

Week: _____

Due Date: _____

AVID #		First Name:		Last Name		PER
	Student: Please fill out columns below.			Teachers: Please fill out columns below.		
Period	Class	Teacher's Name	Grade	Behavior Problem? (Yes/No)	Teacher Signature	Comments
1						
2						
3						
4						
5						
6						
7						

Identify three specific things that you will do to improve your grades/behavior in school:

1. _____

2. _____

3. _____
