

Marking Periods

1ST

2ND

3RD

COURSE

KITTATINNY REGIONAL HIGH SCHOOL GUIDANCE DEPARTMENT
FAILURE REPORT

Indicate date of parent contact regarding course failure: _____

Supervisor's Signature: _____

1. Student _____
Last Name First Name Grade Level

2. Teacher _____ Subject _____

Comment on reasons for failure. Please be specific. These reports are to be used by the counselor in assisting the student and is shared with the parent.

ALL TEACHERS - If a student has failed a course at the close of a marking period, please place the actual percentage in the appropriate box(es). This information is needed to help determine eligibility as well as the potential for failure and summer school.

1 MP

2 MP

3 MP

4 MP

Sem 1 Avg

Final Avg

QA 1

QA 2

QA 3

QA 4

QA Avg