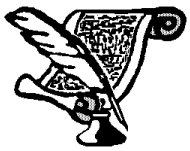
Submit by Email | Print Form

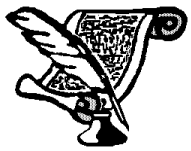


Seminole Independent Private School

414 Cedarwood Court, Winter Springs, FL 32708

407-695-7969

a fully accredited private school



_____(year)

TEACHERS' **MONTHLY** REPORT

STUDENT'S NAME: _____ **AGE:** _____ **GRADE:** _____

SUBJECTS GRADES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Month_____ **Total days this month**_____

SIGNED:_____
Teacher/Administrator

MAIL THIS REPORT TO THE SCHOOL ADMINISTRATIVE OFFICE BY THE FIFTH OF THE MONTH. FAILURE TO DO SO WILL REQUIRE AN IMMEDIATE DROP FROM ENROLLMENT AND THE LOSS OF YOUR TEACHING AUTHORITY WITH NO REFUND.
PAYMENT OF FULL FEES REQUIRED FOR RE-ENROLLMENT.

SUGGESTED GRADE KEY

K - 3 Ungraded System
E = Excellent
G = Good
S = Satisfactory

OR

K-8 Numerical Grading System

A = 94-100
B = 87-93
C = 80-86

9-12 Numerical Grading System *Required*

A = 94-100
B = 87-93
C = 80-86
Anything lower than a C, do again.

CIRCLE DAY CLASS IS HELD

1 2 3 4 5 6 7 8
9 10 11 12 13 14 15 16
17 18 19 20 21 22 23 24
25 26 27 28 29 30 31

Remarks:_____