

LITCHFIELD HIGH SCHOOL

1705 North State Street
Litchfield, Illinois 62056
Phone 217-324-3955
Fax 217-324-5851

SPECIAL REPORT

Student's name: _____

Subject: _____

Date: _____

Grade: _____

Dear Parent/Guardian:

This report is issued by the subject teacher as a supplement to the report card in order to give the home more information about failing or unsatisfactory work in the subject. The school invites your comments and will be glad to arrange a conference if this is advisable.

PLEASE SIGN AND RETURN THIS REPORT

Effort generally unsatisfactory

Irregular attendance

Little or no oral contribution

Does not follow directions

Attention unsatisfactory

Teacher-parent conference needed

Work is often late

Does not make up work missed

Incomplete assignments

Poor written work

Quality of work unsatisfactory

Lack of interest

Study habits unsatisfactory

Discourtesy to students

Discourtesy to teacher

TEACHER'S COMMENTS:

Teacher's signature: _____

PARENT/GUARDIAN'S COMMENTS:

Parent/Guardian's signature: _____