

# CCA WEEKLY PROGRESS REPORT

For \_\_\_\_\_  
**STUDENT NAME/ID NUMBER**

The purpose of this form is to give your parents an opportunity to review your performance at the end of the week. Please fill out the "Student Name," "Teacher," and "Class" section. On Monday or Friday, at the BEGINNING of EACH class, have your teachers fill out the "Comments" and the "Signature" section. Return the form to your parents at the end of the day!

Class	Teacher	Comments	Signature															
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