**END OF COURSE FAILURE REPORT \_\_** I HAVE NO STUDENTS FAILING **(COMPLETE ONE FORM FOR EVERY STUDENT FAILING THE COURSE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ 9TH 10TH 11TH 12TH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NAME OF STUDENT ID NUMBER CIRCLE GRADE OF STUDENT NAME OF TEACHER   
  
 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  SUBJECTClass Period **FALL 1**: Final Grade \_\_\_\_ **FALL 2:** 9 Weeks Grade \_\_\_\_ Exam Grade \_\_\_\_ Final Grade \_\_\_\_

**IF A STUDENT FAILS THE FIRST NINE WEEKS, BUT PASSES THE SECOND NINE WEEKS WITH   
 A HIGH ENOUGH GRADE (THAT WHEN AVERAGED TOGETHER EQUALS A 70 )  
 FULL CREDIT WILL BE AWARDED FOR THE COURSE.  
  
 IF A STUDENT PASSES THE FIRST NINE WEEKS, BUT FAILS THE SECOND NINE WEEKS,  
 THE SECOND NINE WEEKS MUST BE REPEATED.**

**CHECK ALL AREAS THAT APPLY**

**Parent Contact (Regarding course failure):**

* Phone conference – Date \_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Teacher conference – Date \_\_\_\_\_\_\_\_\_\_\_\_
* Left voicemail – Date \_\_\_\_\_\_\_\_\_\_\_\_ (Please see counselor)
* Email – Date \_\_\_\_\_\_\_\_\_\_\_\_ (Please see counselor)
* Parent is aware of the failing grade.

**Attendance:**

* Frequent absences

**Academic Performance:**

* Failed to complete homework/assignments

(Approximate # of times \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* Attended tutorials

(Approximate # of times per week \_\_\_\_\_\_\_\_\_)

* Took advantage of retesting

**TEACHER COMMENTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RETURN TO CHERYL RICHEY  
IN THE COUNSELING CENTER   
ON OR BEFORE TUESDAY, JANUARY 22ND.**

**D 103**