

# WEEKLY ASSESSMENT

STUDENT NAME (PRINT) \_\_\_\_\_ Class Period \_\_\_\_\_

	DATE	MINUTES	ACHIEVEMENT (What did you accomplish?)
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

**TOTAL MINUTES** \_\_\_\_\_

**CIRCLE YOUR ASSESSMENT GRADE:**

A=180 minutes    A- 170-179    B+160-169    B 150-159    B- 140-149    C+ 130-139  
C 120-129    C- 110-119    D+ 100-109    D 90-99    F 89 and below

***This assessment is due every Monday.***

*After Monday, it is considered late, which will be reflected on your "Work Habits" grade. However, you have two weeks to turn it in without it having a negative impact on your academic grade. After two weeks you will receive a failing grade for this assessment.*

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_