

**SPECIALIZED FOSTER CARE
SCHOOL NOTE**

Student Name: _____ Date: _____

In order to assist us in monitoring school attendance and progress, we ask that you complete the appropriate section below. Thank you!

<p>Period 1</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 2</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 3</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 4</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 5</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 6</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 7</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>
<p>Period 8</p>	<p>Behavior: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Last night's homework completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Homework for tomorrow: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Teacher's Signature:</i> _____</p>	<p>Comments:</p>