Desert View Teen Court
GRADE COURT
G.E.D. WEEKLY REPORTING

* Complete one form for __EACH__ week and turn them in to Desert View __NO LATER THAN NOON ON MONDAY__ *

STUDENT'S NAME: _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ LOCATION: _____

Requirements before enrollment:		
(New students)	_____ Attended orientation	Date: _____
	_____ Completed T.A.B.E. assessment	Date: _____
	_____ Attended Workshop	Date: _____

Attach Class Schedule as well as Test results

Information provided by: _____   Date: _____

Staff Signature

AFTER ENROLLMENT – INSRUCTOR'S/STAFF USE ONLY

* G.E.D. Instructors, Lab Assistants, or Staff – Please fill out the information below *

Attendance:	Date	CLASSROOM Hours Attended	SMART LAB Hours Attended	INSTRUCTOR'S/STAFF Initials
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Total Hours:		_____	_____	_____

INSTRUCTOR'S COMMENTS:

_____

_____

Parents Signature:

_____