

SAN JUAN DISTRICT COURT

GRADE COURT

G.E.D. WEEKLY REPORTING

Grade Court #

____ Judge Birdsall

____ Judge Price

* Complete one form for EACH week and turn them in to the Grade Court Box
NO LATER THAN NOON ON MONDAY *

STUDENT'S NAME: _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ LOCATION: _____

Requirements before enrollment: (new students)	_____	Attended orientation (2 hrs)	Date: _____	
	_____	Completed T.A.B.E. assessment (2 hrs)	Date: _____	
	_____	Attended Workshop (8 hrs)	Date: _____	
Student's Grade Equivalent:	_____	Reading	_____ Math	_____ Language
	TABE Level:	_____ Reading	_____ Math	_____ Language
<i>TABE Assessment Levels: E = Easy M=Medium D = Difficult A = Advanced</i>				
Information provided by:	_____	Staff Signature	Date: _____	

AFTER ENROLLMENT

******* G.E.D. INSTRUCTORS & LAB ASSISTANTS *******
PLEASE FILL OUT THE INFORMATION BELOW

FOR INSRUCTOR'S USE ONLY

Attendance:	<u>Date</u>	<u>CLASSROOM HRS. ATTENDED</u>	<u>SMART LAB HRS. ATTENDED</u>	<u>INSTRUCTOR'S INITIALS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Hours:	_____	_____	_____	_____

INSTRUCTOR'S COMMENTS:

Parents

Signature: _____