A	务	FRONTIER CHARTER Office Use Only: Date Posted:	
Student Name:		SCHOOL SCHOOL	
		Advisor Signature:	
Parent Name:			
Current School Year: Current Date:		PROMOTED OR RETAINED	
		2 ND SEMESTER ONLY	
Parent Signature:			
ate classes were finished:			
1st Semester 2nd Seme	ester		
the grade "A, B, C, D or F only." Improvement)	Effort Grades:	D= Low F=Very Low scretion to indicate the higher or lo O(Outstanding), S(Satisfactory), or at grade level, and 3 for above	or N (Needs
Subject:	Grade	Subject :	Grade
Language Arts:		Music: (E0144)(O, S, or N)	
Reading Level: <mark>*</mark> (1, 2, 3)		P.E. : (E0154)(O, S, or N)	
Reading: (E0903)		Art: (E0134)(O, S, or N)	
Writing Process: (E0913)		Work Habits, Attitude & Conduct ((O, S, or N))	
Spelling: (E0923)		Assumes Responsibility:	
Handwriting: (E0933)		Completes Work on Time:	
Listening: (O, S, or N)		Demonstrates Self Control:	
Speaking: (O, S, or N)		Follows Direction:	
Mathematics:		Has a Positive Attitude:	
Math Level: <mark>*</mark> (1, 2, 3)		Respects Authority:	
Mathematics (E0404)		Takes Care of Materials:	
Exploratory Sciences:		Works Cooperatively:	
Health: (E0164)		Works Independently:	
Science: (E0604)		Works Neatly:	
Social Studies: (E0804)			