Summary Sheet

Today's Date _____/_____/_________ DOB _____/_____/_________

Student Name ____________________________ Grade __________ School Year ________________

<table>
<thead>
<tr>
<th>Subjects</th>
<th>BU Business</th>
<th>CS Computer Skills</th>
<th>FA Fine Arts</th>
<th>FL Foreign Language</th>
<th>HE Health</th>
<th>LA Language Arts</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA Math</td>
<td>NS Science</td>
<td>PE Physical Education</td>
<td>SS Social Studies</td>
<td>ST State Studies</td>
<td>US US History</td>
<td>PA Practical Arts</td>
</tr>
</tbody>
</table>

Course Title: ___________________________________________ ___________________________________________

Course Category: _______ Course type: SD | TXT (Circle one)

Final Grade: _______ Text or Resource: _______________________________________________________________

Final Credit: _______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________

Total SD Hours: _______ ____________________________________________________________________________

Course Title: ___________________________________________ ___________________________________________

Course Category: _______ Course type: SD | TXT

Final Grade: _______ Text or Resource: _______________________________________________________________

Final Credit: _______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________

Total SD Hours: _______ ____________________________________________________________________________

Course Title: ___________________________________________ ___________________________________________

Course Category: _______ Course type: SD | TXT

Final Grade: _______ Text or Resource: _______________________________________________________________

Final Credit: _______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________

Total SD Hours: _______ ____________________________________________________________________________

Course Title: ___________________________________________ ___________________________________________

Course Category: _______ Course type: SD | TXT

Final Grade: _______ Text or Resource: _______________________________________________________________

Final Credit: _______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________

Total SD Hours: _______ ____________________________________________________________________________

Parent Signature: ___________________________________________ Date: ___________________
Summary Sheet Pg. 2

Student Name ____________________________ Grade __________ School Year ____________________________

Course Title: ___________________________________________________________________________________
                       Course Category: ______ Course type: SD | TXT
                       Final Grade: ______ Text or Resource: ______________________________________________________
                       Final Credit: ______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________
                       Total SD Hours: ______

Course Title: ___________________________________________________________________________________
                       Course Category: ______ Course type: SD | TXT
                       Final Grade: ______ Text or Resource: ______________________________________________________
                       Final Credit: ______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________
                       Total SD Hours: ______

Course Title: ___________________________________________________________________________________
                       Course Category: ______ Course type: SD | TXT
                       Final Grade: ______ Text or Resource: ______________________________________________________
                       Final Credit: ______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________
                       Total SD Hours: ______

Course Title: ___________________________________________________________________________________
                       Course Category: ______ Course type: SD | TXT
                       Final Grade: ______ Text or Resource: ______________________________________________________
                       Final Credit: ______ Method of Evaluation: Tests/quizzes | Daily Work | Grading Tools | Other: __________
                       Total SD Hours: ______

________________________________________
Advisor Signature & Date
Office Use Only

Parent Signature: ____________________________________________ Date: __________________________