Summary Sheet

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

Student Name _____ Grade _____ School Year _____

Subjects:	**BU** Business	**CS** Computer Skills	**FA** Fine Arts	**FL** Foreign Language	**HE** Health	**LA** Language Arts
MA Math	**NS** Science	**PE** Physical Education	**SS** Social Studies	**ST** State Studies	**US** US History	**PA** Practical Arts

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: _____