

Weekly Eligibility Feedback Form

Teacher Portion

Student's Name:

Week Ending

5-Excellent, 4-Good, 3-Satisfactory, 2-Improving, 1-Needs Improving, 0-Poor

Reading or English _____ Math _____

Behavior _____

Comments(Optional) _____

Teacher's Signature _____

Parents' Portion

5-Excellent, 4-Good, 3-Satisfactory, 2-Improving, 1-Needs Improving, 0-Poor

Homework Effort _____ Behavior _____

Comments (Optional) _____

The player has my permission to participate in this week's game _____

Parent or Guardian Signature _____