

**OFFICE USE ONLY**  
Checklist  
Student Record  
Transcript  
EOY Report Card

# Semester Report: High School

(PLEASE TYPE OR USE BLUE INK)

Student Name  Grade  Date

From  through  Days Completed this Semester:   
(month/year) (month/year)

1st Semester     2nd Semester

Grades 9-12 must have a Letter Grade (A-C, F) and Percentage Grade (0-100%) in order for transcripts to be accurate.  
If you are dual enrolled, please include the course code for your class.

COURSE TITLE	CURRICULUM	LETTER GRADE	PERCENT	SEMESTER COMPLETED?*
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N

\*If semester of work is not complete, provide explanation and plans for completion on the back of this page after you print it out.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

Signature confirms that the appropriate amount of instruction time was given for each subject listed above, the materials used were appropriate for student's grade level and/or abilities, the full semester of work was completed, and the grade listed is accurate.