

ELEMENTARY REPORT CARD COMMENT RECOMMENDATION

Please send your completed form to Dr. Lois Graham, Director of Elementary Education

Name: _____

School: _____ Grade Level : _____

PROPOSED COMMENT INFORMATION

Grade Level: _____

Subject: _____

Check One: _____ Proposed New Comment OR
_____ Revision of Current Comment – Comment Code: _____

Comment Type:

____ Attainment ____ Successful/Needs Practice
____ Progress ____ Other

Comment Recommendation: (length must be less than 180 alphanumeric characters, including spaces) _____

