Robotics Team Member Progress Report

Student Name: _____ Event(s): St. Joseph (3/27-2/29) & Troy (4/3-4/5)

	Class Name/ Description	Grade to Date	Behavior (Please Circle One)	Number of Absences	Missing Work	Teacher Signature and Today's Date	Important Notes for Robotics Mentors
1			1 2 3 4 5 Low High				
2			1 2 3 4 5 Low High				
3			1 2 3 4 5 Low High				
4			1 2 3 4 5 Low High				
5			1 2 3 4 5 Low High				
6			1 2 3 4 5 Low High				