Teachers Record 2016-2017 THREE WEEK PERIOD DEFICIENCY REPORT Date: _____ TO THE PARENTS OF: Name: DATE: ____ FROM: _____ Subject: _____ SUBJECT/AREA: _____ CONFERENCE TIME: This student is presently in academic difficulty in the subject area indicated. Failure to improve the grade average to 70 or better will result in disqualification from participation in extra-curricular activities and possible retention. Please call the office to set up a conference with me to discuss ways to help your child. Furthermore, it is highly recommended that the student do more studying at home. Please sign and return **Veterans Memorial Elementary Deficiency Report** 2016-2017 **Teachers Record** THREE WEEK PERIOD DEFICIENCY REPORT TO THE PARENTS OF: _____ Date: _____ DATE: _____ Name: _____ FROM: _____ SUBJECT/AREA: _____ Subject: _____ CONFERENCE TIME: This student is presently in academic difficulty in the subject area indicated. Failure to improve the grade average to 70 or better will result in disqualification from participation in extra-curricular activities and possible retention. Please call the office to set up a conference with

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Deficiency Report