Traverse City Central High School Student Appraisal

Teacher Name:	Class:				
Student Name:	Date:				
Please place an "X"	in the appropr	iate bo	X.		
	Good		Satisfactory	Wo	orking On
Effort in class					
Cooperation					
Work/study habits					
Approximate grade	is:			,	
Are all assignments	complete?				
The following assignments are missing:					
The materials neede	ed to complete	it:			
Other comments:					