

Ontario Christian Middle School

Mid-Quarter Progress Report



Student _____ Section _____ 1 2 3 4 Miss/Mrs./Mr. _____
 Quarter Homeroom Teacher

Daily Schedule Classes

Subject	Approx. Grade	Out-standing	Satis-factory	Needs Improve-ment	Comments
<i>Bible</i>					
<i>English</i>					
<i>Math</i>					
<i>Science</i>					
<i>Social Studies</i>					

Alternating Schedule Classes

<i>Spanish</i>					
<i>Art</i> <input type="checkbox"/> or <i>PE</i> <input type="checkbox"/>					
<i>Computers</i>					

Music and/or Exploratory Classes (7th & 8th Hour)

<i>Band</i> <input type="checkbox"/> or					
<i>Choir</i> <input type="checkbox"/> or					

Other Comments:

Parent Signature: _____ Date: _____

Please sign and return. If you have concerns or questions, please call the school at (909) 983-1671