

CABRILLO UNIFIED SCHOOL DISTRICT  
INDEPENDENT STUDY GRADE REPORT

QUARTER/SEMESTER GRADING REPORT

Date: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

IMMEDIATE INSTRUCTOR: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

REPORTING PERIOD

FIRST QUARTER

FIRST SEMESTER

THIRD QUARTER

FINAL GRADE

Date 10/21/11

Date 12/16/11

Date 3/16/12

Date 6/7/12

Circle One

Circle One

Circle One

Circle One

Grade:	P F	P F	P F	P F
Work Habits:				
Attendance:				
Comments:				

Instructor Signature \_\_\_\_\_

**The student on Independent Study must return this completed form to the Athletic Director before the above date. LATE FORMS WILL NOT BE ACCEPTED.**