

# KAILUA HIGH SCHOOL DAILY CHECK SHEET

NAME: \_\_\_\_\_ GRADE: 9 10 11 12 DATE: \_\_\_\_\_

COUNSELOR \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

Period	SUBJECT	Was the student on time?		Was he/she prepared w/ supplies?		Behavior in Class?			Previous homework completed?		Classwork complete?		Does the student have homework tonight?		Teacher's Signature	
		Y	N	Y	N	E	S	U	Y	N	Y	N	Y	N		
1																
2																
3																
4																
5																
Study Hall																Time In:
																Time Out: