



MISSING ASSIGNMENT REPORT

Student name: _____ Grade: _____

Teacher name: _____ Learning Period: From: _____ To: _____

Possible Attendance Days: _____ Attendance Days Earned: _____ % Work Completed: _____

**PLEASE E-MAIL OR FAX THIS REPORT to Kelly.mcgarva@newdayacademy.net
Attach original to the corresponding Learning Record**

The Master Agreement outlines a process for missed assignments. Failure to complete at least 80% of assignments given will result in the following actions:

	FIRST OCCURRENCE: documented conference with the instructional coordinator or counselor (if necessary), IST, parent/legal guardian and student to discuss concerns and plan for improvement.
	SECOND OCCURRENCE: meeting with the instructional coordinator or counselor, IST, parent/legal guardian, student to discuss concerns and plan for improvement.
	THIRD OCCURRENCE: possible dismissal from New Day Academy

Date: _____ Conference Participants: _____

Circumstances:
Plans for Improvement:

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____