

# PACIFIC NORTHWEST REGION PROGRESS REPORT USED FOR HOME SCHOOL AND UNDER MINIMUM GPA STUDENTS

Name: \_\_\_\_\_

Association: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Dear School Administrator/Teacher,

I am currently participating in a youth program known as Pop Warner Little Scholars, Inc. in which a minimum grade point average is required. In that I did not meet the minimum required grade point average, I am required to have this form completed.

I am currently participating in a youth program known as Pop Warner Little Scholars, Inc. in which home schooled students not governed by a School District or a governing body are required to supply one positive progress report during the time frame set forth by National Pop Warner.

Signature of Athlete: \_\_\_\_\_

In accordance with the regulations set forth by National Pop Warner, home schooled students or students who did not receive a GPA of 2.0/70% or higher at the end of last year, are required to have this form completed by their respective teacher(s). If the student has one (1) satisfactory progress report between September 16<sup>th</sup> and October 16<sup>th</sup> he/she will continue to participate with the youth football/cheer/dance program. However, if the student does not demonstrate satisfactory progress on at least one (1) progress report he/she will be removed from the roster and will not continue to be eligible for the balance of the season.

**Please check "Progressing" or "Not Progressing" and initial below the progress checked.**

Scholastic Progress Date: \_\_\_\_\_

<b>Grades: 1<sup>st</sup> through 6<sup>th</sup></b>	Teacher's Name: _____
<input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Initials: _____

<b>Grades: 7<sup>th</sup> through 10<sup>th</sup></b>	
<b>1<sup>st</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____
<b>2<sup>nd</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____
<b>3<sup>rd</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____
<b>4<sup>th</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____
<b>5<sup>th</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____
<b>6<sup>th</sup> Period:</b> <input type="checkbox"/> <b>Progressing</b> <input type="checkbox"/> <b>Not Progressing</b> Please check progressing or not progressing	Teacher's Name: _____ Teacher's Initials: _____

**The League Administration will be verifying by contacting the Teachers and the Schools**