



# Dubuque Community School District - Dubuque, Iowa 2003-2004 Individual Progress Report Grade 2

**Student:**

**Teacher:**

**School:**

**Principal:**

For fall 2004, report to grade

**Parent Note:** *Most achievement targets represent end of the year goals.*

PERSONAL DEVELOPMENT	1st Trimester	2nd Trimester	3rd Trimester
Respects the rights and feelings of others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respects authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accepts responsibility for actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follows school rules	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completes work on time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Produces quality work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organizes materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follows directions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses time appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments/Date</b>			
MATHEMATICS	1st Trimester	2nd Trimester	3rd Trimester
<b>Solving Problems</b>			
Identifies the elements of the problem and their relationships to one another			
Uses problem-solving strategies			
Organizes relevant information			
Relates the problem and solution to previously encountered mathematics and makes connections			
Persists in the problem solving process			
Looks back to examine the reasonableness of the solution and draws conclusions			
<b>Understanding Mathematical Content</b>			
Understands the task's mathematical concepts, their properties and applications			
Translates between words, pictures, symbols, tables, graphs and real situations			
Uses tools (measuring devices, graphs, tables, calculators, etc.) and procedures			
Uses knowledge of the facts of mathematics (geometry definitions, math facts, etc.)			
<b>Communicating</b>			
Includes response with an explanation and/or description			
Presents supporting arguments			
Uses pictures, symbols, tables and graphs			
Uses terminology			
<b>Comments/Date</b>			

**Marking Key: Performance Marks**

**E** = exceeds grade level expectations

**N** = nearing grade level expectations

**+** = making progress

**M** = meets grade level expectations

**B** = below grade level expectations

**—** = not making progress

Student Copy                      Parent Copy                      Parent Copy                      Parent Copy  
 White Copy/ Cumulative Record    Yellow Copy/Trimester 3    Pink Copy/Trimester 2    Gold Copy/Trimester 1

Student:

Teacher:

<b>LANGUAGE ARTS</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
<b>Reading</b>			
Reads many words			
Decodes words			
Reads with understanding			
Retells stories in sequence			
Reads fluently			
Understands study skills taught			
Selects appropriate text for independent reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appears to read at home regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent reading level	<input type="checkbox"/> above <input type="checkbox"/> at <input type="checkbox"/> below	<input type="checkbox"/> above <input type="checkbox"/> at <input type="checkbox"/> below	<input type="checkbox"/> above <input type="checkbox"/> at <input type="checkbox"/> below
<b>Listening/Speaking</b>			
Expresses needs and ideas so others understand			
Participates in class discussions and activities			
Understands when listening			
<b>Writing/Spelling</b>			
Writes complete sentences			
Writes paragraphs with topic sentence and supportive details			
Writes simple narrative stories			
Revises written work			
Demonstrates accuracy on weekly spelling tests			
Applies spelling skills in writing			
<b>Handwriting</b>			
Uses correct letter formation, size and spacing			
Writes legibly in independent work			
<b>Comments/Date</b>			

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**Dubuque Community School District - Dubuque, Iowa**  
**2003-2004 Individual Progress Report**  
**Grade 2**

Student:

Teacher:

<b>SOCIAL STUDIES</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
Demonstrates knowledge of concepts studied			
Demonstrates map, globe, graph and chart skills			
Participates productively in groups			
Demonstrates quality work on assignments			

**Area of Study**  
**Comments/Date**

<b>SCIENCE</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
Demonstrates knowledge of concepts studied			
Uses technology and equipment effectively			
Records and interprets data accurately			
Participates productively in groups			
Demonstrates quality work on assignments			

**Area of Study**  
**Comments/Date**

<b>WELLNESS</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
Demonstrates knowledge of concepts studied			
Participates productively in groups			

**Comments/Date**

Days Absent                                      1st Trimester \_\_\_\_\_      2nd Trimester \_\_\_\_\_      3rd Trimester \_\_\_\_\_  
Days Tardy                                        1st Trimester \_\_\_\_\_      2nd Trimester \_\_\_\_\_      3rd Trimester \_\_\_\_\_

Student Copy  
**White Copy/ Cumulative Record**

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