DAILY STUDENT ASSESSMENT REPORT
Student Name: ____________________________
Subject: _________________________________
# of sessions attended online:___________

Session Date: __________________________
Was this session cancelled? Y or N

Skills Covered:
• ________________________________
• ________________________________
• ________________________________
• ________________________________

Skills Working On/Mastered:
• ________________________________
• ________________________________
• ________________________________
• ________________________________

Specific Problem Areas (student is working/needs to work) on:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Comments (preparedness, participation):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please check any of the following you feel contributes to student’s learning (difficulty):

__ Poor class attendance
__ Poor reading skills
__ Family/friend distractions
__ Take school more seriously
__ Not enough studying
__ Poor time management skills

__ Preparation for quiz/exams
__ Take better notes
__ Poor math/writing skills
__ Difficult classes
__ Easily distracted
__ Other: ____________________________