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| Renaissance Youth Center3485 Third Ave. Bronx, NY 10457Office: 718-450-3466 / Fax: 718-450-3581 |

**Band Program Weekly Monitor**

Name: Date:

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| **SUBJECT:** **(Please indicate by checkmark)** | **EXCELLENT** | **SATISFACTORY** | **NEEDS IMPROVEMENT** |
| ATTENDANCE |  |  |  |
| LATENESS (EXCELLENT= ONTIME, SATISFACTORY= SOMETIME, NI= OFTEN) |  |  |  |
| CLASSE PARTICIPATION |  |  |  |
| HOMEWORK |  |  |  |
| BEHAVIOR |  |  |  |
| THIS WEEK’S TEST SCORES |  |  |  |
| ADDITIONAL COMMENTS: |

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