

Notice of Failure

Dickson County High School

To the parent or guardian of _____
(student's name)

His/Her work in _____ for the _____
(course) (grading period)

has been poor. Because improvement was not made, the grade for the marking period is _____. The apparent cause of the deficiency is:
(grade)

- | | |
|--|--|
| <input type="checkbox"/> Inattention in class | <input type="checkbox"/> Low test scores |
| <input type="checkbox"/> Lack of consistent effort | <input type="checkbox"/> Unsuitable behavior in class |
| <input type="checkbox"/> Neglect of homework | <input type="checkbox"/> Unwillingness to accept rules |
| <input type="checkbox"/> Frequent absence | <input type="checkbox"/> Failure to bring materials to class |
| <input type="checkbox"/> Subject difficulty | <input type="checkbox"/> Failure to check with teachers about assignments before entering in-school suspension |
| <input type="checkbox"/> Failure to turn in make-up work | <input type="checkbox"/> Failure to make-up tests |
| <input type="checkbox"/> Other: (Explain) _____ | |

In order for us to discuss the problem and to correct it, please respond:

Will you telephone me? _____ schedule a visit? _____

Telephone number _____

Please call or visit between _____ and _____
(time of day)

Day(s) preferred: _____

Please return this form to me by mail or by your son or daughter:

Sincerely yours,

(teacher signature)