



Project *QUEST*, Inc.

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Test Grade Report for: _____
(Name -First, M.I., Last)

Course Title/Name	Date Of Test	Grade

Are you satisfied with your test/quiz grade? ___ Yes ___ No

If your answer is no, what is the reason for your unsatisfactory test scores?

- | | |
|----------------------------------|---------------------------------------|
| ___ Can't understand the teacher | ___ Can't understand the material |
| ___ Illness or health problems | ___ Lack of good/regular study habits |
| ___ Not enough time to study | ___ Poor test preparation |
| ___ Personal or family problems | ___ Taking too many courses |
| ___ Work interferes with school | |
| ___ Other (Explain) _____ | |

IF YOU SCORED LESS THAN A "70" ON YOUR TEST/QUIZ GRADE WHAT IS YOUR PLAN OF ACTION TO IMPROVE? (Summarize)

HOW CAN WE AT PROJECT QUEST HELP YOU?

Student's Signature

Date