



### Verification of Good Conduct

Date: \_\_\_\_\_

Name of the school: \_\_\_\_\_

Name of the student: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please circle the number that best represents this student.

1 is Excellent

5 is Unsatisfactory

Overall behavior	1	2	3	4	5
Respect for authority	1	2	3	4	5
Respect for peers	1	2	3	4	5
Respect for Code of Conduct	1	2	3	4	5

Out of school suspension: Please circle yes or no

In-school suspension: Please circle yes or no

Number of days absent: \_\_\_\_\_

Number of days late: \_\_\_\_\_

Additional comments:


School Administrator – Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_