

EOPS/CARE PROGRESS REPORT

Student Name: _____ ID#

ID#_____Student Signature: _____

Date

Student Instructions:

1. Request each of your instructors to provide your academic progress information as indicated below; you are encouraged to use the instructor's established office hours to complete the progress report.

*Students taking online courses should request instructors to email you the required information and the students must bring the email print out to us, and/or print your grades off of "Canvas."

INSTRUCTOR USE ONLY

Please complete the following progress report and return to the student. *Thank you for your time and cooperation* in completing the progress report in a timely manner.

		INSTRUCTOR'S USE ONLY							
			Tentative		Instructor's				
Course	Units	Attendance Grade Recommenda		Recommendation(s)	Signature				
		□ on a regular basis		keep up good work					
		□ frequent absence		\Box drop class					
		□ tardiness		□ needs tutoring/attend SI					
		□ punctual		\Box do homework					
		\Box online only		□ honors program	□ See comments below				
		\Box on a regular basis		\Box keep up good work					
		□ frequent absence		\Box drop class					
		□ tardiness		□ needs tutoring/attend SI					
		□ punctual		\Box do homework					
		\Box online only		honors program	\Box See comments below				
		\Box on a regular basis		\Box keep up good work					
		\Box frequent absence		\Box drop class					
		□ tardiness		□ needs tutoring/attend SI					
		□ punctual		\Box do homework					
		\Box online only		□ honors program	\Box See comments below				
		\Box on a regular basis		\Box keep up good work					
		\Box frequent absence		\Box drop class					
		□ tardiness		□ needs tutoring/attend SI					
		□ punctual		\square do homework					
		\Box online only		honors program	\Box See comments below				
		\Box on a regular basis		\Box keep up good work					
		□ frequent absence		\Box drop class					
		□ tardiness		needs tutoring/attend SI					
		□ punctual		\square do homework					
		\Box online only		honors program	\Box See comments below				

Additional comments:

OFFICE USE ONLY:

by

Attached to file					

Counselor Signature_

Scanned

Date _

by