

Counselor Signature

Contact #2:

Please see syllabus and webpage for due dates.

EOPS/CARE PROGRESS REPORT

Student Name:	.		_ID#	Student Signature:	Date
Student Inst					
		office hours to complete			elow; you are encouraged to use the
					ation and the students must bring
the email prin	_			, ,	•
INSTRUCTOR	USE ONLY	(
Please comple	te the follow	wing progress report ar	d return to the	student. Thank you for your t	time and cooperation in
completing the	e progress r	eport in a timely manne	er.		
		ILY			
			Tentative		Instructor's
Course	Units	Attendance	Grade	Recommendation(s)	Signature
		☐ on a regular basis		keep up good work	
		☐ frequent absence		☐ drop class	
		□ tardiness		needs tutoring/attend SI	
		□ punctual		☐ do homework	
				☐ honors program	□ See comments below
		□ on a regular basis		☐ keep up good work	
		☐ frequent absence		☐ drop class	
		□ tardiness		needs tutoring/attend SI	
		□ punctual		☐ do homework	
		•		☐ honors program	□ See comments below
		☐ on a regular basis		☐ keep up good work	
		☐ frequent absence		☐ drop class	
		□ tardiness		needs tutoring/attend SI	
		□ punctual		☐ do homework	
		•		☐ honors program	□ See comments below
		☐ on a regular basis		☐ keep up good work	
		☐ frequent absence		☐ drop class	
		□ tardiness		needs tutoring/attend SI	
		□ punctual		do homework	
		•		honors program	□ See comments below
		☐ on a regular basis		keep up good work	
		☐ frequent absence		☐ drop class	
		□ tardiness		needs tutoring/attend SI	
		□ punctual		☐ do homework	
				☐ honors program	□ See comments below
	•				•
Additional cor	nments:_				
OFFICE USE ONLY: Date Receivedby Database Entryby Scannedby					
Attached to file	by _		cheduled appointme	ent date:	(if needed)

Date