

# LOS MEDANOS COLLEGE

## EOPS/CARE & CaWORK's

2700 Leland Road, Pittsburg, California 94565 Tel.: (925) 473-7480

### Academic Progress Report

Academic Term

**Spring 2016 Deadline: March 11, 2016 at 1:00pm**

**@insite.4cd.edu**

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Email Address \_\_\_\_\_

**Faculty Member:** We view the student-instructor partnership as one of the most vital factors of student success. **Students must meet with ALL instructors during office hours to obtain instructor feedback for enrolled classes.** In the space below, please comment on the student's involvement in your course, commenting on their -1) participation, 2) attendance, 3) understanding of course material and, where possible, 4) a grade. Instructor feedback enables EOPS to, not only promote academic networking between faculty and students, but also to monitor academic progress and provide timely support. **Students with on-line courses must attach an e-mail from their instructor(s).**

Instructor's Signature	Course	Class Participation	Attendance	Demonstrates solid understanding of course material?	Did student meet you during your office hours?	Comment or Grade
		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

**For Office Use Only**

**Distribution:**  **EOPS**  **CaWORKS**  **SRSS**

Coded on DB by: \_\_\_\_\_ Date Coded: \_\_\_\_\_

Program Action:  Schedule Counseling Contact

Optional Comment: \_\_\_\_\_