**Los Medanos College Academic Progress Report**

 **@insite.4cd.edu**

**Student Name Student ID #** Insite **E-mail (ONLY) Phone Number**

 (First initial, last name, last 3 digits of Student ID)

***Faculty Member:*** The student indicated above is a participant in a Counseling and Academic Support Program. Please assess and comment on his/her academic progress to date in the space provided below. Your input will enable counselors to determine how best to support this student’s academic progress. If you have any questions, please contact the Student Success and Retention Program at (925) 473-7483. **The student is responsible for securing your input and submitting this form to the Student Success and Retention Programs office.**

***Student:*** You must return this COMPLETED form to the Student Success and Retention Program Office in room SS4-416 by **October 18, 2019 by 1:00pm**, if attending course(s) Fall 2019. **Failure to meet the deadline will invalidate the progress report and you’ll have to wait till the end of the semester to receive your grades and a determination of continued eligibility to register!**

|  |  |
| --- | --- |
| STATUS: ❑ Probation II \_\_\_\_\_\_\_ ❑ Dismissal/Reinstatement \_\_\_\_\_\_\_ | **ACADEMIC TERM:** ❑ Summer \_\_\_\_\_\_\_ ❑ Fall \_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Grade** | **Instructor’s Signature** | **Participates/pays attention in class and attends regularly** | **Understands Course Material** | **Comments** |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |
|  |  |  | ❑Yes ❑Somewhat ❑No | ❑Yes ❑Somewhat ❑No |  |

|  |
| --- |
| **Office Use Only:**Coded by: Date: **Comments:**  |

L:\3SP\SSRP\2019\FORMS\FA19 Revised 6/11/19