

EOPS/CARE & CalWORK's2700 Leland Road, Pittsburg, California 94565-5197 Tel.: (925) 439-2181 x3138 Fax: (925) 432-3904

Academic Progress Report

| | | _ | Academic Ter | | | | |
|--|--|---|--|--|--|---------------------------------------|---|
| | | □ Fall Deadline | : Sept 26, 2013 □Spi | ring Deadline Feb 28 | , 2014 | | |
| | | | | | | | @insite.4cd.edu |
| Student Name | | Student ID# | | Email Address | | | |
| Faculty Member: W | | | | dent success Students must n | neet with t | | tors during office hours to obtain |
| instructor feedback for please comment on tattendance, 3) underst | for, at least, fifty the student's invitanding of cours | percent (50%) of enrolled classical volvement in your course. Stude | es. The student named above parts with on-line courses must a grade. Instructor feedback e | articipates in the LMC EOPS/C attach an e-mail from their in nables EOPS to, not only prom | CARE and/ nstructor(s note acader | or CalWO), comment onic networ | RK's program. In the space below ting on their -1) participation, 2 king between faculty and students |
| Instructor's Signature | Course | Class Participation | Attendance | Demonstrates solid understanding of course material? | Did student meet you during your office hours? | | Comment or Grade |
| | | □Good □ Average □ Poor | □Good □ Average □ Poor | □Yes□Somewhat □No | □Yes | □No | |
| | | □Good□Average □Poor | □Good□Average □Poor | ☐Yes☐Somewhat ☐No | □Yes | □No | |
| | | □Good□Average □Poor | □Good□Average □Poor | ☐Yes☐Somewhat ☐No | □Yes | □No | |
| | | □Good□Average □Poor | □Good□Average □Poor | ☐Yes☐Somewhat ☐No | □Yes | □No | |
| | | □Good□Average □Poor | □Good□Average □Poor | □Yes□Somewhat □No | □Yes | □No | |
| | | | | | | | |
| | a | - | | ☐ CalWORKs | | | |
| Program Action: Unstructor Comme | □ Schedule Cou | nseling Contact | Da | ate Coded: | | | |
| | nt: | | | | | | |
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