

Ohlone College Counseling Department
Progress Report

To be completed by student:

Student Name: _____

ID #: _____

Course #: _____

Course Title: _____

To be completed by instructor:

	Above Average	Average	Below Average
Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands Course Content:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Assignments/Projects:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring Recommended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Approximate grade and/or additional comments: _____

Instructors Signature

Date