

Ohlone College EOPS Progress Report

Student completes this section.

Student Name: _____ Student ID #: _____

Telephone #: _____

E-mail Address: _____

Course # (Example - Math 151B): _____ # of units: _____

Course Title (Example - Algebra I): _____

Instructor completes this section.

Dear Instructor: In order to assist and support this student's academic progress and retention, your feedback of his/her status in your class is highly appreciated. Please provide your assessment and comments below. Your thoughtful evaluation will greatly assist counselors in offering appropriate support services and referrals as necessary. Thank you.

1. Does Student ACTUALLY understand Course content?
Above Average Average Below Average

2. Are assignments being completed successfully?
Above Average Average Below Average

3. Approximate course grade at this time: _____

4. Instructor's Recommended Strategies for Improvement:
 - Tutoring
 - Meet with instructor in office hours.
 - Other: _____

5. Is there anything else EOPS needs to know, to help this student succeed?

After signing, please do one of the following: return form to the student, drop in the EOPS mailbox or fax to (510) 659-6159.

Instructor's Name (Please Print)

Instructor's Signature

Date