Foothill College
EOPS Department
Student Progress Report

Name: _____ **CWID:** _____
    Last   First   MI   Student ID

Dear Faculty:

The student indicated above is an EOPS/CARE student. In order to evaluate and provide accurate academic assistance, we ask for your cooperation. Your feedback and/or suggestions are very important. If you find that this form does not address the student's academic status, please call the EOPS Department at ext. 7207.

Code	Progress Description
1	Attending Regularly
2	Class Performance Average to Excellent
3	Class Performance Below Average to Failing
4	Recommend Tutoring
5	Consistent Tardiness

Please assess the student taking your class according to the codes listed above, check the corresponding boxes that apply.

Class Title	Instructor's Signature	1	2	3	4	5

Dear Student,

As a courtesy and to assure that the information provided is accurate, be sure to ask your instructor during their office hours to complete this form **a week before** the due date. **All enrolled classes must be listed.**

For online classes, e-mail your instructors, ask them to complete this form at **https://foothill.edu/staff/eforms/eops.php**, attach a copy of the email sent to this form.

☐ I have read my instructor's evaluation and I would like to receive tutoring for _____
                                                                          Please indicate class(es) here

_____ _____ as soon as possible.

_____   _____
            Student's Signature   Date