



Foothill College
EOPS Department
 Checklist

(student copy)

In order to remain in **good standing** with the EOPS Program, this quarter you **must**:

- Submit** the Progress Report by **May 7, 2020 (Thursday)**
- Required:** Meet with a EOPS counselor **2 times** this quarter (*by appointment only*)
- Check** your EOPS responsibilities status with the EOPS front desk staff.

Please, always refer to EOPS Calendar for due dates

If you have any questions, refer to your copy of the Mutual Responsibility Contract, signed during your EOPS Intake appointment.

✂-----

By Exception ONLY: Non-EOPS Counseling Appointment:

With EOPS program approval, EOPS students may meet with a general, DRC, learning community or specialized program counselor. Complete this form, detach and drop off at the EOPS Front Desk.

I, _____ have met with a
First Name Last Name CWID
 general/DRC/learning community or specialized program counselor to fulfill **my contact** requirement.

Counselor's comments:

- New
- Updated
- No updates required

 Student's Signature CWID# Date

 Counselor Name (Print) Signature Date

Questions ? (650) 949-7207 For more info: www.foothill.edu/eops



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