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 an 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.

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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 general/DRC/learning community or specialized program counselor to fulfill **my contact** requirement.

Counselor’s comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature __________________________ CWID# __________________________ Date __________

Counselor Name (Print) __________________________ Signature __________________________ Date __________
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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Progress Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attending Regularly</td>
</tr>
<tr>
<td>2</td>
<td>Class Performance Average to Excellent</td>
</tr>
<tr>
<td>3</td>
<td>Class Performance Below Average to Failing</td>
</tr>
<tr>
<td>4</td>
<td>Recommend Tutoring</td>
</tr>
<tr>
<td>5</td>
<td>Consistent Tardiness</td>
</tr>
</tbody>
</table>

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

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 ____________________________ as soon as possible.

__________________________________________  __________________________________________
Student’s Signature       Date