



EOPS Department
Foothill College
 Student Progress Report

1st Evaluation Due _____

Name: _____
Last First MI

SID: _____

Summer 20__ Fall 20__ Winter 20__ Spring 20__

Note: Be sure to ask your teachers during their **office hours** to complete this form a **week before** the due date and have listed **all classes**. For **on-line** classes, e-mail your teachers asking to complete this form at: <http://www.foothill.edu/staff/forms.php>

Dear Faculty:

The student indicated above is an EOPS/CARE student. In order to evaluate and provide accurate and better academic assistance, we ask for your cooperation. Your feedback and/or suggestions are very important. If you find that the student's academic status is not addressed by this form, please call the EOPS Department at ext. 7207. Please assess the student taking your class according to the codes and sub-codes (below).

CODES

SUB-CODES

- 1 Excellent
- 2 Above Average
- 3 Average
- 4 Below Average
- 5 Failing

- A Recommend tutoring
- B Attending regularly/no grade yet
- C Irregular class attendance
- D Incomplete Assignments
- E Consistent Tardiness

F Other _____

Course Number	Units	Instructor's Signature	Ext.	Code	Sub-code
Total Units					

I have read my teachers' evaluation and I would like to receive _____ tutoring as soon as possible. Class(es)

 Student's Signature Date
 EOPS Department ♦ Phone (650) 949-7207