

Hartnell College

EOPS/CARE

Student Mid - Term Progress & Evaluation Report

Reporte de Progreso y Evaluación Estudiantil



Due Date/Fecha de Limite:

November 04, 2011

Last Name/ Apellido

First Name/ Nombre

Student ID #/ Número Estudiantil

Major/ Estudio

Dear Faculty Member:

The above student is a Hartnell EOPS/CARE student. In a continuing effort to assist students, mid-term evaluations must be made to review academic progress. To initiate an accurate student assessment we ask for your cooperation. Your feedback and/or suggestions are very important for students to have a better understanding of their academic progress.

<u>GRADE TO DATE</u>	<u>ATTENDANCE</u>	<u>ACADEMIC EFFORT/FOLLOW UP</u>
A. Excellent	S. Satisfactory Attendance	S. Satisfactory completion of assignments
B. Good	U. Unsatisfactory Attendance **	U. Unsatisfactory completion of assignments **
C. Satisfactory		T. Recommend Tutoring
D. Barely Passing **		
F. Failing **	<i>*Internet - Based and Self - paced Classes see notes below</i>	

Note to Instructors : CIRCLE THE APPROPRIATE MARK IN EACH COLUMN ALONG WITH YOUR SIGNATURE AND DATE.

COURSE NAME & NUMBER	Units	GRADE TO DATE					ATTENDANCE		ACADEMIC EFFORT			INSTRUCTOR PRINT NAME	INSTRUCTOR SIGNATURE	DATE
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			
		A	B	C	D	F	S	U	S	U	T			

TOTAL UNITS/ UNIDADES:

Any class in which you receive a grade requires an instructor's evaluation, including Co- Op, Short courses and PE .
 *Internet classes - Please print and attach your updated "Gradebook" to the Progress Report form.
 **Students receiving "D" or "F " grade(s) must first complete a mandatory EOPS/CARE workshop and/or schedule an appointment with an EOPS/CARE counselor after workshops are offered .

REQUIRED SIGNATURES/FIRMAS:

EOPS/CARE COUNSELOR _____ DATE _____
 EOPS/CARE CLASSIFIED STAFF _____ DATE _____
 STUDENT _____ DATE _____