

Hartnell College
EOPS/CARE
Student Mid-Term Progress & Evaluation Report
Reporte de Progreso y Evaluación Estudiantil



Due Date/Fecha de Limite: April 17, 2009

 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	ATTEN-DANCE	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			

TOTAL UNITS/UNIDADES:

Any class in which you receive a grade requires an instructors evaluation, **including Co-Op, Short courses and PE.**

***Internet classes** - an email from the instructor evaluating grade, attendance and academic effort is to be sent **directly to an EOPS/CARE counselor.** Students: "cc" counselors when requesting evaluation from instructors. *Counselor emails are available at: www.hartnell.edu/students/eops/EOPSCARE_staff.html.*

**Students receiving "F" or "D" 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 _____