



Due By: _____

Student's Name _____

Gavilan I.D. Number _____

Student: Please be sure to turn in progress report by the due date. Whenever possible, it is recommended that you schedule a time during your instructor's office hours to review your grade and potential support services that may assist you in the class.

Instructor: Your assistance in helping us complete this form is appreciated. The information that you provide will allow us to follow up with students who may be experiencing academic difficulties in your class and assist in strategizing how to improve their performance.

Class	Attendance	Homework	Quizzes/Exams	Earned Grade to Date	Recommended Support / Instructor Signature
	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met		<input type="checkbox"/> Tutoring <input type="checkbox"/> Writing Center <input type="checkbox"/> Math Lab <input type="checkbox"/> Office Hours <input type="checkbox"/> Other _____ Signature : _____ Date: _____
	Comments: 				
	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met		<input type="checkbox"/> Tutoring <input type="checkbox"/> Writing Center <input type="checkbox"/> Math Lab <input type="checkbox"/> Office Hours <input type="checkbox"/> Other _____ Signature : _____ Date: _____
	Comments: 				
	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met		<input type="checkbox"/> Tutoring <input type="checkbox"/> Writing Center <input type="checkbox"/> Math Lab <input type="checkbox"/> Office Hours <input type="checkbox"/> Other _____ Signature : _____ Date: _____
	Comments: 				
	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard not yet met		<input type="checkbox"/> Tutoring <input type="checkbox"/> Writing Center <input type="checkbox"/> Math Lab <input type="checkbox"/> Office Hours <input type="checkbox"/> Other _____ Signature : _____ Date: _____
	Comments: 				

FOR OFFICE USE ONLY

Date Received:

Reviewed By:

Notes/Counselor Comments:

Last Updated 3/2016