

West Los Angeles College

# EOPS

## CARE/NextUp

### ACADEMIC PROGRESS REPORT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Student:** Please take this form to each instructor for feedback on your progress. Return the completed progress report to an EOPS/CARE/NextUp counselor on an appointment basis for review.

**Instructor:** The student listed above participates in the EOPS/CARE/NextUp program. Please assist our program with retention and persistent efforts by completing the Academic Progress Report Form, commenting on the student's performance to date. With your feedback and recommendations, we can provide additional support services to improve the student's academic success. Thank you for your prompt attention and cooperation.

Date	Course	Online Class (Y/N)	Faculty Comments	Recommendations (Check one or more)	Instructor's Signature
				<input type="checkbox"/> Attending Regularly <input type="checkbox"/> Incomplete Assignments <input type="checkbox"/> Student Doing Well <input type="checkbox"/> Recommend Tutoring <input type="checkbox"/> Irregular Attendance <input type="checkbox"/> Drop Class	
				<input type="checkbox"/> Attending Regularly <input type="checkbox"/> Incomplete Assignments <input type="checkbox"/> Student Doing Well <input type="checkbox"/> Recommend Tutoring <input type="checkbox"/> Irregular Attendance <input type="checkbox"/> Drop Class	
				<input type="checkbox"/> Attending Regularly <input type="checkbox"/> Incomplete Assignments <input type="checkbox"/> Student Doing Well <input type="checkbox"/> Recommend Tutoring <input type="checkbox"/> Irregular Attendance <input type="checkbox"/> Drop Class	
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**FOR OFFICE USE**

Academic Intervention Required: Yes/No    Units Enrolled: \_\_\_\_\_    Below Cum. 2.0 GPA: \_\_\_\_\_    Academic Success Contract Yes \_\_\_\_\_ No \_\_\_\_\_ :