

Progress Report

Please have **ALL** your Professors from **ALL** your classes complete this form.

Beginning **APRIL 1ST** a counselor will review the report and assist you with Fall 2019 registration. Bring the completed *Progress Report* with you to the Counseling Office in the Student Center Room 219.

<u>Student Name</u>
<u>Student ID Number</u>
000

Course: _____ <input type="checkbox"/> Student is doing well and making progress. <input type="checkbox"/> Areas of concern: <input type="checkbox"/> Attendance issues <input type="checkbox"/> Missing assignments <input type="checkbox"/> Missing textbook <input type="checkbox"/> Lateness to class <input type="checkbox"/> Turning in work late <input type="checkbox"/> Quiz/test scores Current/Projected grade for the course: _____ Comments: Signature: _____ Date: _____

Course: _____ <input type="checkbox"/> Student is doing well and making progress. <input type="checkbox"/> Areas of concern: <input type="checkbox"/> Attendance issues <input type="checkbox"/> Missing assignments <input type="checkbox"/> Missing textbook <input type="checkbox"/> Lateness to class <input type="checkbox"/> Turning in work late <input type="checkbox"/> Quiz/test scores Current/Projected grade for the course: _____ Comments: Signature: _____ Date: _____

Course: _____ <input type="checkbox"/> Student is doing well and making progress. <input type="checkbox"/> Areas of concern: <input type="checkbox"/> Attendance issues <input type="checkbox"/> Missing assignments <input type="checkbox"/> Missing textbook <input type="checkbox"/> Lateness to class <input type="checkbox"/> Turning in work late <input type="checkbox"/> Quiz/test scores Current/Projected grade for the course: _____ Comments: Signature: _____ Date: _____

Course: _____ <input type="checkbox"/> Student is doing well and making progress. <input type="checkbox"/> Areas of concern: <input type="checkbox"/> Attendance issues <input type="checkbox"/> Missing assignments <input type="checkbox"/> Missing textbook <input type="checkbox"/> Lateness to class <input type="checkbox"/> Turning in work late <input type="checkbox"/> Quiz/test scores Current/Projected grade for the course: _____ Comments: Signature: _____ Date: _____

Course: _____ <input type="checkbox"/> Student is doing well and making progress. <input type="checkbox"/> Areas of concern: <input type="checkbox"/> Attendance issues <input type="checkbox"/> Missing assignments <input type="checkbox"/> Missing textbook <input type="checkbox"/> Lateness to class <input type="checkbox"/> Turning in work late <input type="checkbox"/> Quiz/test scores Current/Projected grade for the course: _____ Comments: Signature: _____ Date: _____

Questions? Please email AOS@sunywcc.edu

Counselor Name _____ Date _____