

GAVILAN COLLEGE STUDENT PROGRESS REPORT

Student's Name

Gavilan I.D. Number

Instructors,

We would appreciate your assistance in the completion of this Student Progress Report. The information that you provide will allow us to follow-up with intervention for those students who may be experiencing academic difficulties which may interfere with their successful completion of this course.

If you feel intervention is necessary, please check the appropriate box and identify those areas of concern (attendance, general education proficiency, meeting class requirements, etc.) in the area provided for comments.

If the student's current grade in the class is less than 2.5 (strong "C" average), please make recommendations to help improve the student's performance in this course.

Class: _____ Instructor: _____ Date: _____

Grade: _____ Intervention Requested : ☐ Yes ☐ No

Comments: _____

Class: _____ Instructor: _____ Date: _____

Grade: _____ Intervention Requested : ☐ Yes ☐ No

Comments: _____

Class: _____ Instructor: _____ Date: _____

Grade: _____ Intervention Requested : ☐ Yes ☐ No

Comments: _____

Class: _____ Instructor: _____ Date: _____

Grade: _____ Intervention Requested : ☐ Yes ☐ No

Comments: _____