

**COPPER MOUNTAIN COLLEGE  
EOPS PROGRESS REPORT**

**INSTRUCTORS:  
PLEASE RETURN THIS  
COMPLETED FORM  
TO THE STUDENT.**

STUDENT'S NAME \_\_\_\_\_ STUDENT'S ID # \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ SUBJECT \_\_\_\_\_ DATE: \_\_\_\_\_

**To Instructors:** Please assist us by marking the applicable boxes. Please make any additional comments regarding student concerns on this form. After completion, please return to the student. Thank you.

**Students:**  
**Step 1: Have your instructors complete and sign this form within the submission period.**  
**Step 2: Return to the EOPS Counter.**  
**Step 3: Make an appointment to see your counselor.**



**SUBMISSION PERIOD: Mar 11th – April 25th 2019**



Student Standing:
<input type="checkbox"/> A
<input type="checkbox"/> B
<input type="checkbox"/> C
<input type="checkbox"/> D
<input type="checkbox"/> Failing

Check off any area(s) of concern regarding the student:	
<input type="checkbox"/> Attendance	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Written Expression
<input type="checkbox"/> Grades	<input type="checkbox"/> Reading Skill
<input type="checkbox"/> Late Work	<input type="checkbox"/> Language Skill
<input type="checkbox"/> Time Management	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Attitude	<input type="checkbox"/> N/A

Recommended Interventions:
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Office hours
<input type="checkbox"/> Student Success Center
<input type="checkbox"/> Withdrawal from Class
<input type="checkbox"/> Suggestion: _____

<b>Comments:</b> _____ _____ _____ _____
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**INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*OFFICE USE\*\*\*\*\*

**DATE RECEIVED:** \_\_\_\_\_ **STAFF SIGNATURE:** \_\_\_\_\_

**COUNSELOR APPOINTMENT:** \_\_\_\_\_ **CONTACT LOG:** \_\_\_\_\_ **SPREADSHEET:** \_\_\_\_\_