



MONTHLY STUDENT PROGRESS REPORT

Semester/Year: _____

Name: _____ Date: _____ Room: _____

Instructor: _____ Class: _____

The Office of Accommodative Services in its efforts to provide assistance to students with disabilities needs your input. Please take the time to make some **brief comments** on how well the above named student is doing in your class. Areas to be covered should include: attendance, behavior, understanding of course material, appearance, and interaction with fellow students in classroom activities.

Comments: _____

Mid-Term Progress Report

<u>Estimated Grade To Date</u>	<u>Non-Credit Courses</u>	<u>Estimated Attendance to Date</u>
A _____	P _____	Excellent _____
B _____	F _____	Good _____
C _____	Z _____	Average _____
D _____		Poor _____
F _____		

Additional Comments: _____

Please complete this form and return it to the Office of Accommodative Services, located on the 1st floor of the Student Services & Administration Building (Bldg. 2000), room 2138 or 2139. Thank You.

Instructor Signature

Date

