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Mission College
Student Progress Form

To Student: The purpose of this form is to obtain feedback from your instructors regarding your progress in classes. Using one form per class, complete the shaded section of this form, then give it to each of your instructors for completion by the end of the 8th week of the semester. You are strongly encouraged to meet individually with each instructor to accomplish this task. **Email or bring the completed Student Progress Form (SPF) to the program coordinator or counselor.**

Student _____ XXX-XX-____ _____
Last Name, First Name SSN (last 4 digits only) Student ID

Semester: ❑ Fall ❑ Spring Year: 200____

Class: Course# / Title _____ Instructor's Name _____

********** **Student:** Do not write below this line. **********

To Instructor: Please provide the information requested regarding the student's **progress to date.** Return this form to the student.

Student's current letter grade: A B C D F CR/NC **(circle or highlight one)**

Areas in which student is performing well (check all that apply):

❑ Tests and Quizzes ❑ Assignments ❑ Class Participation ❑ Attendance

Comments:_____

_____

Areas in which student could improve/needs improvement (check all that apply):

❑ Tests and Quizzes ❑ Assignments ❑ Class Participation ❑ Attendance

Specific Suggestions for improvement: _____

_____

Student ❑ is ❑ is not currently meeting the expectations for the class.

_____ _____

Instructor's Signature Thank you! Date