UCBA Academic Progress Report

1. This form is designed to facilitate student-instructor interactions and to promote the student’s self-assessment of academic progress throughout the term. In order to complete this form, the student should meet with the faculty member during office hours or schedule an appointment.

2. The student is to complete the first section and request that the professor complete the middle portion of the form during the conference. Both should also sign the form. If needed, the student will then complete the “Next Steps” section (page 2) to address any problems.

3. The student is responsible for submitting the form to his or her advisor by the due date and for seeking any assistance recommended by the instructor or advisor.

___________________________________________________________________

Student’s Name: ____________________________________________________

Advisor’s name: ____________________________________________________

Faculty Member’s Name: _____________________________________________

Class: _____________________________________________________________________________

Date of conference: _____________________________________________________________

Professor, please complete the following sections and discuss with the student his or her current academic progress in your class. Your comments and suggestions are welcome. Thank you!

1. Attendance, Participation, and Assignments

   Please indicate the number of absences to date: 0 1 2 3 4 5 6 7 8 9 or more not known

   How would you rate the student’s preparation and participation in class?

      Excellent  Good  Fair  Poor  Not applicable

   Approximately how many assignments has the student completed and submitted on time?

      All  ¾  ½  Less than half  Not applicable

2. Current Academic Progress

   Has the student completed all quizzes, tests, exams, and in-class assessments? Yes No

   Current grade: A B C D F P NP Not applicable

3. Do you recommend that the student use any of the following UCBA support services?

   Please check all that apply.

   _______ Writing Lab  _______ Reading tutor  _______ Study Skills tutor
   _______ Math Lab  _______ Foreign Language Lab  _______ Science Learning Lab
   _______ Other

4. Comments or suggestions (additional space is provided on page 2):

   Faculty member’s signature ___________________________ Date _________________

   Student’s signature ___________________________ Date _________________

   Date submitted to Advisor ___________________________
5. NEXT STEPS: In the space below, the student should write his or her plans to address problems or challenges with this course.