

# LTCC Progress Report



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**Student Name:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Students:** Fill in your name and ID# and check the appropriate box above so instructors know where to send the form. Also, please fill in the course title and units below. Email or bring this form to your instructors at **least 72** hours prior to the due date. **Students are allowed to submit a printout/ screen shot from canvas. It must show your name, course title, grade and current date. Attach it to this form or email screen-shot directly to the program contact.**

**Short and late-start classes:** Students, if the class has ended, write the date you completed it in the instructor Signature box; if the class has not yet begun, write the date the class begins.

**Instructors:** We appreciate you sharing information about this student's attendance, assignments and current grade, if available. If you teach online, please email the following information about the student's progress to the student and to the program contact(s) above. If the form is completed and available with the student's information please attach it to the email. Thank you!

Course Title / # (i.e. ENG 101)	Units	Attendance			Assignments			Current Grade	Instructor Signature
		Good/Average/Poor	Good/Average/Poor	Good/Average/Poor	Good/Average/Poor	Good/Average/Poor	Good/Average/Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		
		<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor		

**Instructor Comments (optional):**

**Progress Report Check-In:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Discussed:**

**Referrals:**

- Counselor
- Peer Mentor
- Financial Aid