CSN
Student Support Services

A Federally Funded Program

Faculty Progress Report

☐ SPRING SEMESTER ☐ FALL SEMESTER
Year:_____ Year:_____

Due Date:_____
Return progress report to TRIO Office
Cheyenne Campus Room 1120 (mail code - C1W)

STUDENT'S NAME:_____ STUDENT ID NUMBER:_____

SUBJECTS	PROGRESS			NEEDS IMPROVEMENT (CHECK ALL THAT APPLY)												SIGNATURE
	VERY WELL (A, B)	SATISFACTORY (C)	UNSATISFACTORY (D, F)	ATTENDANCE	PREPARED FOR CLASS	ATTITUDE	TEACHER CONFERENCE /OFFICE HOURS	CLASS PARTICIPATION	NOTE TAKING	READING COMPREHENSION	WRITING SKILLS	TEST TAKING	TIME MANAGEMENT	TUTORING	ORGANIZATIONAL SKILLS	

The above information is true and accurate to the best of my knowledge.

_____
Student Signature Date

Home Phone no.:_____
Cell Phone no.:_____

Work Phone no.:_____
E-mail address:_____

NOTE TO INSTRUCTOR:

In order to assist participants in the development of effective academic strategies, the TRIO Student Support Services Office requests that you please provide information regarding the performance of the student referenced above. If you have any questions or would like to further discuss the academic progress of this student, please contact us at ext. 4441 or by email at: trio@csn.edu **Revised 9/28**