



## INTERIM REPORT

Date \_\_\_\_\_

To The Counselor:

Name: \_\_\_\_\_ Program \_\_\_\_\_ Instructor \_\_\_\_\_

\_\_\_\_\_ is doing unsatisfactory work in  
\_\_\_\_\_, possibly because of the following reason(s):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Class Discussion      | <input type="checkbox"/> Project Incomplete       | <input type="checkbox"/> Lack Of Basic Skills |
| <input type="checkbox"/> Wastes Time           | <input type="checkbox"/> Behavior Problem         | <input type="checkbox"/> Daily Effort         |
| <input type="checkbox"/> Class Work Incomplete | <input type="checkbox"/> Inattentive              | <input type="checkbox"/> Test Scores          |
| <input type="checkbox"/> Homework Incomplete   | <input type="checkbox"/> Does Not Seek Extra Help | <input type="checkbox"/> Absent Too Often     |
| <input type="checkbox"/> Comes Unprepared      | <input type="checkbox"/> Poor Understanding       | <input type="checkbox"/> Carelessness         |
|  |   | <input type="checkbox"/> PoorAttitude         |

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish to discuss this matter, please fell free to telephone me at \_\_\_\_\_

\_\_\_\_\_  
Instructor's signature