$\langle \rangle \rangle$	ACADEMIC PROGRESS REPORT – COUNSELING SERVICES Check Appropriate College					
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT	Counseling Cañada College 4200 Farm Hill Boulevard Redwood City, CA 94061 Phone: (650) 306-3452 Fax: (650) 306-3457		Counseling College of San Mateo 1700 West Hillsdale Blvd. San Mateo, CA 94402 Phone: (650) 574-6400 Fax: (650) 574-6164		Counseling Skyline College 3300 College Drive San Bruno, CA 94066 Phone: (650) 738-4318 Fax: (650) 738-4260	
Student's ID# G:						
Last Name First Name		irst Name			_ Middle	
Mailing Address:						
Phone Number:	Email:					
Semester (please check the aj	opropriate semester):	Spring	Summer	Fall	Year:	
Course Name and Number		CRN	[#	Units:		
Directions to student:	Meet with your professors	to discuss cou	rse performance. (Use one she	eet for each class).	
Directions to professors:	student has earned in your				mance and list the grade the nd signature.	

Please check the appropriate boxes						
	Satisfactory	Unsatisfactory				
Attendance						
Participation						
Homework						
Quiz/Exam						

Earned Grade to Date	Need Tutor?	Would like feedback from counselor?
A B C D or F CR/NR	YES / NO	YES / NO

Instructor Comments:

 Instructor Print Name_____
 Phone: ______
 Email: ______

 Instructor Signature_____
 Date: ______