



# Technology Opportunity Pathway Academic Progress Report



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

Number of Classes: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Total Credit Hours: \_\_\_\_\_

*TOP Scholars must have this form completed by their instructors by the due dates below. Faculty, please assist us by giving your best assessment of the student's work and attendance at this time. Faculty mentors will review this report with each student within ONE WEEK of the listed due dates. Thank you. **Due Dates: Oct 10, Nov 15, Feb 25, Apr 1.***

Course/Section _____ Attendance: <input type="checkbox"/> good <input type="checkbox"/> needs improvement Grade Estimation: _____ I feel that this student will need additional outside help to be successful in this course: <input type="checkbox"/> yes <input type="checkbox"/> no Other Comments: _____ Faculty signature: _____ Please have the mentor contact me about this student: <input type="checkbox"/> yes <input type="checkbox"/> no
Course/Section _____ Attendance: <input type="checkbox"/> good <input type="checkbox"/> needs improvement Grade Estimation: _____ I feel that this student will need additional outside help to be successful in this course: <input type="checkbox"/> yes <input type="checkbox"/> no Other Comments: _____ Faculty signature: _____ Please have the mentor contact me about this student: <input type="checkbox"/> yes <input type="checkbox"/> no
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**To be completed by the faculty mentor:** I have met with this student and have reviewed this progress report.  
 At this time, I feel: an Individualized Plan is recommended. no Individualized Plan is necessary.

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_