Get on Track Academic Monitoring Form

Student/s Name: ___________________________  Student ID#: ___________________________

Professor: _________________________________  Professor’s Phone Number: _______________________

Course: ____________________________  Class Time: ____________________________

The student identified above is a participant in our Get on Track Program. Please check the appropriate responses below regarding the academic performance of this student.

I. Attendance (Please check the statement that applies.)
   ___ Satisfactory  ___ Excessive absences (Number of Absences: _____)
   ___ Student has officially withdrawn from the course

II. Tests (Please indicate the number of tests given to date.)
   ___ 1   ___ 2   ___3   ___ 4   ___ Other

III. Has the student taken all scheduled tests?
   ___ Yes   ___ No  (Number of exams missed by student: _____)

IV. Students estimated grade at this point in the semester.
   ___ A   ___ B   ___ C   ___ D   ___ F

V. Has the student had difficulty in turning in his/her assignments on time?
   ___ Yes   ___ No

VI. In your estimation, is the student experiencing academic difficulty in your course at this point?
   ___ Definitely yes   ___ Not yet, but potentially   ___ No, performance is satisfactory

VII. Recommendations (Please check all that apply.)
   ___ Faculty Conference  ___ Study Skills Assistance
   ___ Schedule for Skills Lab  ___ Tutoring Recommended
   ___ Personal Counseling  ___ Academic Counseling
   ___ Other (Please Specify) _______________________

VIII. Other Comments (Please provide any information that you feel would help the student be successful in your course.)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Professor’s Signature ___________________________ Date ___________________________

The information submitted on this form is confidential and will only be used to assist the referred student.

Thank you for your time and careful reporting of the requested data. Please return this form to the Center for Student Success, Room 111, Honors College Building or fax it to 771-4377 once it has been completed.