Academic Support Plan Progress Report

Professors please complete the information below, sign, and return it to the address listed below or to the student:

Professors please return the form to our office within 2 days if the form is not returned to the student.

<table>
<thead>
<tr>
<th>Cohort Year:</th>
<th>Advisor Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name / ID Number:</td>
<td>Class / Professor:</td>
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</tbody>
</table>

No change from previous report _____________________________________
Estimated Grade (%) to date _________________________________________
Number of Total Absences to date ___________________________________
Number of times late for class_______________________________________

(Please Circle Below)
Performance on exams / tests / quizzes
Excellent Fair Poor
Failure to turn in required work / homework Yes or No
Attitude / Conduct Positive or Poor
Assignments turned in on time Yes or No

Comments:

This information will be used to evaluate the areas in which the student may need additional assistance.

Recommendations for Student:

PLEASE RETURN to the Student or:
Office of:
Bridges to Success
Student Success Building (SSB)
Mail Code 4-25
Attn: Bridges Advisors

Professor signature: Date:

If you have any questions/concerns, please contact the Bridges to Success at 407-582-1395.
Thank you for your cooperation, support, and dedication to our students’ success!

Rev. 03/2011