**Student’s Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:** Meet with your instructors during their scheduled office hours or before/after class to complete this form. For courses online, send an e-mail to the instructor requesting your grade in the course. Attach the instructor’s e-mail response with your grade to this Work-In-Progress (WIP) Report.

**Instructor Information:** Our Counseling Department would like to assist the student with his/her success in the classroom. This report assists us in providing the services necessary to support the student’s educational goals.

1. Please enter a letter grade or Pass/No Pass
2. List the number of absences or tardies
3. Sign the Work-In-Progress Report

| Course | Descriptive Title | Units | Grade | Absences/  **tardies** | Instructor’s Signature |
| --- | --- | --- | --- | --- | --- |
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Students: Should your Work-In-Progress (WIP) Report indicate “D”, “F” or “NP” grades, it is recommended that you consider the following steps:

1. 🞎 Schedule an appointment with your counselor.
2. 🞎 Meet with your instructor to discuss any academic concerns about your class grades and/or
3. steps to resolve and improve class performance.
4. 🞎 Seek a tutor for subjects you are having trouble with by visiting the Student Success Center

**-------- Counseling Office Use Only --------**

Term/Year: 🞎 Fall \_\_\_\_\_\_ 🞎Spring \_\_\_\_\_\_ 🞎 Summer \_\_\_\_\_\_

Received on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to confirm that the grade(s) and signature(s) above are true and accurate. I further understand that the Counseling Office may call an instructor to verify any grade and/or signature.

**Student Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**Counseling**

**Weekly Planner**

**Instructions:** Complete the weekly planner with the following:

□ Class □ Study Time/Homework □ Athletics/Gym

□ Work □ Family Responsibilities □ Other Commitments

□ Commute □ Breakfast/Lunch/Dinner □ Sleep

**MON TUE WED THU FRI SAT SUN**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **7:00 – 8:00** |  |  |  |  |  |  |  |
| **8:00 – 9:00** |  |  |  |  |  |  |  |
| **9:00 – 10:00** |  |  |  |  |  |  |  |
| **10:00 – 11:00** |  |  |  |  |  |  |  |
| **11:00 – 12:00** |  |  |  |  |  |  |  |
| **12:00 – 1:00** |  |  |  |  |  |  |  |
| **1:00 – 2:00** |  |  |  |  |  |  |  |
| **2:00 – 3:00** |  |  |  |  |  |  |  |
| **3:00 – 4:00** |  |  |  |  |  |  |  |
| **4:00 – 5:00** |  |  |  |  |  |  |  |
| **5:00 – 6:00** |  |  |  |  |  |  |  |
| **6:00 – 7:00** |  |  |  |  |  |  |  |
| **7:00 – 8:00** |  |  |  |  |  |  |  |
| **8:00 – 9:00** |  |  |  |  |  |  |  |
| **9:00 – 10:00** |  |  |  |  |  |  |  |
| **10:00 – 11:00** |  |  |  |  |  |  |  |
| **11:00 – 12:00** |  |  |  |  |  |  |  |

Study Time Formula = 2 hours of study time for each unit taken

**Next Steps:**

Enter your weekly plans on your smart phone/computer/monthly calendar.

Discuss with a counselor at your next appointment.