

# RE-ENTRY CENTER STUDENT PROGRESS REPORT

**Our address:**

Telephone: 673-7062  
 Fax: 674-4801

Re-Entry Center  
 7000 Dandini Blvd. RDMT 114  
 Reno, NV 89512

**STUDENT:**

\_\_\_\_\_

*Please Print Name*

1. Fill in the course title & code number as it appears in the catalog.
2. Present to each instructor to complete their portion and sign.
3. Submit to the Re-Entry Center no later than the due date at right.

**INSTRUCTOR:** Your feedback regarding this student is **EXTREMELY IMPORTANT** to us.  
 We monitor the students progress and intervene early if there is a problem.  
**PLEASE CHECK ALL APPROPRIATE BOXES**, print/sign your name, & make any comments.

Thank you for your co-operation!

| Example   |      |  |                    |              |                 |                 |                               | <b>INSTRUCTOR NAME</b><br><br>Print _____<br>Signature _____ |
|-----------|------|--|--------------------|--------------|-----------------|-----------------|-------------------------------|--|
| ENG       | 101  | PLEASE CHECK ALL APPROPRIATE BOXES, print/sign your name, & make any comments. |                    |              |                 |                 |                               |  |
| COURSE    |      | ATTENDANCE   |                    | PROGRESS     |                 |                 |                               |  |
| Title     | Code | Attends Regularly  | Excessive Absences | Satisfactory | Un-Satisfactory | Recommend Tutor | Unable to assess at this time |  |
|           |      |  |                    |              |                 |                 |                               | Print _____<br>Signature _____                               |
| Comments: |      |  |                    |              |                 |                 |                               |  |
|           |      |  |                    |              |                 |                 |                               | Print _____<br>Signature _____                               |
| Comments: |      |  |                    |              |                 |                 |                               |  |
|           |      |  |                    |              |                 |                 |                               | Print _____<br>Signature _____                               |
| Comments: |      |  |                    |              |                 |                 |                               |  |
|           |      |  |                    |              |                 |                 |                               | Print _____<br>Signature _____                               |
| Comments: |      |  |                    |              |                 |                 |                               |  |
|           |      |  |                    |              |                 |                 |                               | Print _____<br>Signature _____                               |
| Comments: |      |  |                    |              |                 |                 |                               |  |

**IMPORTANT:**  
 Failure to turn in this report, **on time**, will result in the loss of your second child care stipend or books for the following semester. Not turning the report in at all will jeopardize your financial benefits and continuation in the Re-Entry Program. If you cannot meet the deadline, call us at **673-7062 BEFORE THE DUE DATE**, for an extension (which then becomes your new due date with the same penalties if not turned in **on time**.) **YOU MUST TURN IN THE REPORT!**

| Staff      | Date | Initials |
|------------|------|----------|
| Returned   |      |          |
| Posted     |      |          |
|            |      |          |
| Check File |      |          |
| Reviewed   |      |          |