

## RE-ENTRY CENTER STUDENT PROGRESS REPORT

Phone: 829-9041  
Fax: 824-8623

**Our address:**

Meadowood Center  
Re-Entry Center  
5270 Neil Road, Room S217  
Reno, NV 89502

Semester	Due Date
Fall	Sept. 24, 2009
Interession	
Spring	
Summer #1	
Summer #2	

**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.

<b>INSTRUCTOR:</b> Your feedback regarding this student is <b>EXTREMELY IMPORTANT</b> to us. We monitor the students progress and intervene early if there is a problem.							
<b>PLEASE CHECK ALL APPROPRIATE BOXES,</b> print/sign your name, & make any comments.							
Thank you for your co-operation!							
<b>Example</b>							
<b>ENG</b>	<b>101</b>						
<b>COURSE</b>		<b>ATTENDANCE</b>		<b>PROGRESS</b>			
<i>Title</i>	<i>Code</i>	<i>Attends Regularly</i>	<i>Excessive Absences</i>	<i>Satisfactory</i>	<i>Un-Satisfactory</i>	<i>Recommend Tutor</i>	<i>Unable to assess at this time</i>
<b>Comments:</b>							
<b>Comments:</b>							
<b>Comments:</b>							
<b>Comments:</b>							
<b>Comments:</b>							

Print \_\_\_\_\_  
 Signature \_\_\_\_\_

Print \_\_\_\_\_  
 Signature \_\_\_\_\_

Print \_\_\_\_\_  
 Signature \_\_\_\_\_

Print \_\_\_\_\_  
 Signature \_\_\_\_\_

Print \_\_\_\_\_  
 Signature \_\_\_\_\_

**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 **829-9041 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 SIS		
Check File		
Reviewed		