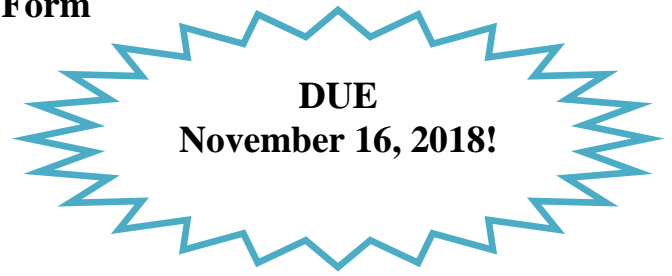


**Santiago Canyon College  
Faculty Feedback Form**



**To:** FACULTY  
**From:** EOPS/CARE/ OFFICE  
**Re:** EOPS/CARE Faculty Feedback

The student listed below is enrolled in our EOPS/CARE program. Please assist us with student retention by completing and signing below where indicated. Thank you!

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student I. D. #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**GRADES**

Class	Passing Class or Not Passing Class (Faculty Only)	Comments/Faculty's Signature	Date

**If you have any questions or concerns, please call Dr. Nena Baldizón-Rios, EOPS/CARE Director/Counselor at (714) 628-4817.**

<b>Office Use Only:</b> Date Submitted _____  Counselor Appointment _____
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