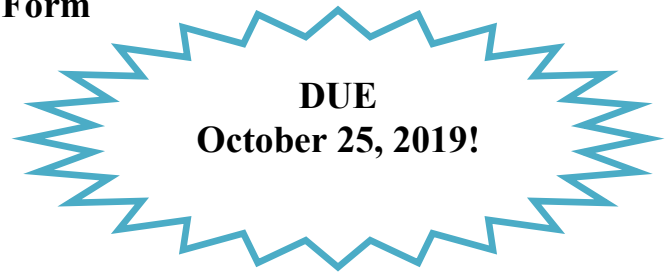


**Santiago Canyon College
Faculty Feedback Form**



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's academic progress 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.

Office Use Only: Date Submitted _____ Counselor Appointment _____
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