SAP EVALUATION FORM

STUDENT INFORMATION

Student Name and ID		Date of Birth:	___/___/_____
Address			
Phone		Email Address	

PROGRAM INFORMATION

Program		Total Program Hours:	
Refund Policy *(circle one)*	Mini Quarter Term	**Start Date Mini:** ___/___/_____	**Mid-Point Mini:** ___/___/_____
Quarter or Term number:	____ of ____	**Start Date Quarter/Term:** ___/___/_____	**End Date Quarter/Term:** ___/___/_____

PROGRESS INFORMATION

EVALUATION DATE		EVALUATION DATE		NOTES:
MIDPOINT GPA %		**ENDPOINT GPA %**		
MIDPOINT ATTENDANCE %*		**ENDPOINT ATTENDANCE %***		
STATUS (Circle one): *GPA AND ATTENDANCE MUST BE 70% OR HIGHER*	Meeting SAP	**STATUS (Circle one):** *GPA AND ATTENDANCE MUST BE 70% OR HIGHER*	Meeting SAP	
	Warning		Warning	
	Probation		Probation	
			30 Day Extension	
			Withdrawn	
DATE OF WARNING, PROBATION OR WITHDRAW LETTER+		**DATE OF WARNING, PROBATION OR WITHDRAW LETTER+**		

*HOURS PRESENT ÷ TOTAL HOURS OFFERED X 100

SAP ACKNOWLEDGEMENT [+]

MidPoint		**EndPoint**	
Student Signature:		**Student Signature:**	
Director Signature:		**Director Signature:**	
Date of Check-in		**Date of Check-in**	
How will the school provide remediation and counseling to this student?			

+Needed only if student is not meeting SAP.