To the teacher: In order to assess the academic performance of students in the Upward Bound, and to help us develop an appropriate tutorial plan, we request your assistance in providing us with the following information. Parental consent for obtaining this information has been received. We would appreciate it if you would complete this form as soon as possible. Thank you for your cooperation and assistance.

To the students: Upon completion of this form, please turn it in to Lisa Ann Amaral via email, fax (974-7615) or dropped off at the Upward Bound Office.

FRIDAY, MARCH 15, 2013

Name of Student ____________________________________ _____  Grade Level ____________________________________

School _____________________________________  Quarter ___________________ Year ____________

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<th>Period</th>
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Please rate the following: E= Excellent, S= Satisfactory, NI= Needs Improvement, U= Unsatisfactory

Attendance

Participation in class discussions & activities

Completion of assignments

Cooperation with teachers and peers

Attitude towards learning

Tutoring recommended (yes or no)

Teacher’s signature

Additional Comments: (Please continue on back if necessary)

Period 1: ___________________________________________

Period 2: ___________________________________________

Period 3: ___________________________________________

Period 4: ___________________________________________

Period 5: ___________________________________________

Period 6: ___________________________________________

Period 7: ___________________________________________

Period 8: ___________________________________________

Parent Signature: ________________________________ Date: ______________________________