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, MAY 3, 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: __________________________