**Educational Opportunity Fund Program**

**The College of New Jersey**

**Summer Program Academic Review Committee (SPARC)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session: Session Date (s):

**INSTRUCTIONS:**

Please complete the following form to provide information on the student’s present academic status in the indicated course. Please send form to Mrs. Tiffani Warren, EOF Director, at **warrent@tcnj.edu.**

**STUDENT INFORMATION:**

Student First/Last Name: PAWS ID:

Major: Class/Grade:

Faculty/Staff: Course:

**OVERALL ASSESSMENT: VG**-(VERY GOOD); **SAT**-(SATISFACTORY); **NI**-(NEEDS IMPROVEMENT)

Please indicate VG (Very Good), SAT (Satisfactory), or NI (Needs Improvement) for each category. If NI, please mark the areas in need of improvement.

|  |  |  |
| --- | --- | --- |
| Preparation(circle one)VGSATNI(If NI, indicate areas below) | Effort(circle one)VGSATNI(If NI, indicate areas below) | Academic Outcomes(circle one)VGSATNI(If NI, indicate areas below) |
| Homework Completion | Homework submitted | Satisfactory course completion |
| In-class/ tutoring questions | Tutor readiness | Positive faculty recommendation |
| Level of understanding | Appropriate use of expression and engagement(attitude/character) | Adequate use of (tutoring, eTutoring, faculty, program specialist, student staff) |
| Tutoring (Mandatory or Independent)(circle one) | Making improvement (growth) | Attention, Participation/Cooperation |
| Other | Other | Other |

Explain “other”:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RECOMMENDATION (S): Action Plan:**

\_\_\_\_\_Improve understanding and application of course content \_\_\_\_ Meeting with Professor (office hours)

\_\_\_\_\_Improve Preparation \_\_\_\_ Schedule one on one tutoring

\_\_\_\_\_Improve Effort \_\_\_\_ Weekly meeting with program specialist

\_\_\_\_\_More Serious Approach to Studies \_\_\_\_ Personal Education Plan (PEP)

\_\_\_\_\_Tutoring \_\_\_\_ Resource Referral

\_\_\_\_\_Review academic goals and major selection with EOF advisor \_\_\_\_ SSP – Student Success Program

\_\_\_\_\_Meeting with EOF Director/Advisor to discuss college readiness \_\_\_\_ Student Assessment

 \_\_\_\_ Tutor

\_\_\_\_\_Other:

**ADDITIONAL COMMENTS:**

Faculty/Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_