UNIVERSIDAD AUTÓNOMA DE SAN LUIS POTOSI

Tracking Form

Student’s Name: ___________________________ Level: ______

Class Teacher’s Name: ___________________________ Cve. Alumno:

Area: Computing [ ] Reading [ ] Writing [ ] Listening [ ] Video [ ]
Material Used: ____________________________________________

Student’s Notes:

My Work Was:

[ ] Excellent [ ] Good [ ] OK [ ] Bad

The Material I Used Was:

[ ] Appropriate [ ] Difficult [ ] Confusing [ ] Boring

The Counselor’s Service Was:

[ ] Outstanding [ ] Satisfactory [ ] Acceptable [ ] Inadequate

Counselor’s Name:

COUNSELOR’S NAME: ____________________________________

Any suggestions, additional comments or requests? Write it on the other side of this piece of paper. We’re open minded, please cut it and deposit in the suggestion box.

¡THANK YOU!

Counselor’s Name: