INDEPENDENT WORK CHECKPOINT FORM

STUDENT SECTION:

Student Name: __________________________________________________________

Title/Topic: ____________________________________________________________

Advisor: _______________________________________________________________

Approx. Number of Meetings with Advisor (0, 1, 2, 3-5, etc.): ________________

Student Self-Assessment:

Signature: __________________________   Date: _________________

ADVISOR SECTION:

I read the student’s 1-page progress summary report (yes/no):

Would you like your student to meet with you more often? (yes/no): ______

Student Progress (4- Exceptional/3- Very Good /2- Good/1- Unsatisfactory):

Comments:

[If student progress is unsatisfactory, explain what steps di they need to take to get on track.]

Signature:______________________________  Date: __________________

August 2014