

OFFICE OF STUDENT ACCOMMODATIONS MIDTERM REPORT

SEMESTER: _____

Please complete this form and return it to Amber Niebrugge, Counselor for Student Accommodations and Mental Health Initiatives, LSC 443, as soon as possible.

The information that you provide will assist our office in effectively serving students with disabilities. The students and counselors thank you!

Student: _____

Date: _____

Instructor: _____

Course: _____

Is the student attending the course regularly? Yes No

Student has missed ____ of ____ classes.

Is the student making satisfactory progress? Yes No
(generally a "C" average or better)

If no, due to:	Poor Attendance	Lack of Participation
	Missed Assignments/Poor Scores	Poor Exam/Quiz Scores
	Failure to Utilize Support Services	Other (please explain)

Please provide any additional comments regarding the student's progress, strengths, weaknesses, etc.

Thank you for your assistance. If you have any questions regarding disability services, please contact Amber Niebrugge call at 217-234-5259, send an email to aniebrugge71503@lakelandcollege.edu or stop by in person in the Luther Student Center, room 443.