

**UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY
ACADEMIC COUNSELING PROGRAM
STUDENT PROGRESS REPORT**

NAME _____ PERIOD OF EVALUATION _____ TO _____
COURSE _____ EVALUATOR _____

PROGRESS TO DATE

PERFORMANCE EVALUATION

1. WRITTEN EXAMINATION
2. CLINICAL PERFORMANCE
3. LABORATORY PERFORMANCE

COMMENTS: (AREAS OF WEAKNESS)

QUALITY
PRODUCTIVITY
PROFESSIONALISM
OTHER (INCLUDE APPROPRIATE SUBJECTIVE EVALUATION)

IMMEDIATE ACTION:

DEPARTMENTAL COUNSELING
OTHER

FOLLOW-UP ACTION:

DEAN'S COUNSELING (DEPARTMENTAL COUNSELING SHOULD OCCUR PRIOR TO DEAN'S COUNSELING
RE-EVALUATE AT NEXT PROGRESSION COMMITTEE
RECOMMEND TUTORING (CONTACT OFFICE OF ACADEMIC AFFAIRS)
RECOMMEND ASSIGNMENT OF MENTOR (CONTACT OFFICE OF ACADEMIC AFFAIRS)

Provide copies to: Student, Course Director and Office of Academic Affairs

