



College of the Siskiyous
EOPS/CARE

End-of-Semester Check In

Name: _____ Semester: Fall Spring 20_____
Please Print

Current Phone #: _____ E-mail: _____

Please let us know your college plans for next semester. (please complete one of the options)

<p>Enrollment for next semester at COS (please check the best option that applies):</p> <p><input type="checkbox"/> I have enrolled at COS for Next Semester</p> <p><input type="checkbox"/> I will enroll at COS for Next Semester</p> <p><input type="checkbox"/> I am undecided</p>
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OR

<p>I will not enroll next semester because:</p> <p>_____ I will be attending another two-year college</p> <p>_____ I will be attending a four-year college or university</p> <p>_____ I will be graduating from COS</p> <p>_____ I have completed my educational goal</p> <p>Two-year or four-year college or university I plan to attend: _____</p>

OR

<p>I plan to withdraw from COS due to the following:</p> <p>_____ Lack of resources (e.g. financial, childcare, etc.)</p> <p>_____ Health-related problems (e.g. illness, pregnancy, etc.)</p> <p>_____ Academic difficulties, academic dismissal, lack of progress</p> <p>_____ Personal reasons (e.g. moving out of area, seeking employment)</p> <p>_____ I have other plans: Please explain _____</p>

Contact Information

We would like to ensure we have your updated mailing address if you are continuing at COS. If you are leaving COS, we would like to know how you are doing in reaching your goals. Could you please leave us your future address or the name and address of someone who would be able to contact you.

Thank you!

Name Phone Number

Street Address City State Zip

College of the Siskiyous

EOPS

Semester Program Evaluation

- | | |
|---|--------------------|
| 1 | No Opinion |
| 2 | Not Helpful |
| 3 | Helpful |
| 4 | Moderately Helpful |
| 5 | Extremely Helpful |

Please rate the following EOPS services:

Academic Counseling/Advising	1	2	3	4	5
Book Vouchers	1	2	3	4	5
Grants	1	2	3	4	5
Transportation Assistance (Bus passes/Gas Vouchers)	1	2	3	4	5
Semester Starter Kits	1	2	3	4	5
Orientation	1	2	3	4	5

Please answer the following about EOPS:

Do you feel the services provided by the EOPS program contributed to your success at COS?

Yes No

Do you feel you obtained support from the EOPS staff?

Yes No

Comments:

Recommendations or suggestions for improvement:

What you consider the best part of the program:
