



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)

Enrollment for next semester at COS (please check the best option that applies): <input type="checkbox"/> I have enrolled at COS for Next Semester <input type="checkbox"/> I will enroll at COS for Next Semester <input type="checkbox"/> I am undecided
OR
I will not enroll next semester because: <div style="margin-left: 100px;"> <input type="checkbox"/> I will be attending another two-year college <input type="checkbox"/> I will be attending a four-year college or university <input type="checkbox"/> I will be graduating from COS <input type="checkbox"/> I have completed my educational goal </div> Two-year or four-year college or university I plan to attend: _____
OR
I plan to withdraw from COS due to the following: <div style="margin-left: 100px;"> <input type="checkbox"/> Lack of resources (e.g. financial, childcare, etc.) <input type="checkbox"/> Health-related problems (e.g. illness, pregnancy, etc.) <input type="checkbox"/> Academic difficulties, academic dismissal, lack of progress <input type="checkbox"/> Personal reasons (e.g. moving out of area, seeking employment) <input type="checkbox"/> I have other plans: Please explain _____ </div>

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:
