Los Angeles Southwest College  
EOPS/CARE STUDENT RECORD SHEET — SPRING 2013

**Student’s Name (Please print):**

**Student ID Number:**

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**Dear Student,**

This is your student record sheet. Whenever you submit paperwork to the EOPS/CARE office, it is your responsibility to make sure the staff member accepting your paperwork signs the form. Remember, this form is the only confirmation you have that you turned in the required paperwork as scheduled. Please request a copy for your records.

**PLEASE NOTE:** In order to receive priority registration and funding for the following semester, this form must be completed and submitted to the EOPS office no later than May 24, 2013

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**COUNSELOR CONTACTS**

All counselor contacts must be at least 3 weeks apart in order to receive credit

<table>
<thead>
<tr>
<th>1st Counselor Contact</th>
<th>Completed by: ____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(January 28 through March 28)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Counselor Contact &amp; ED Plan (EOPS Counselor only)</th>
<th>Completed by: ____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(April 8 through May 3)</td>
<td></td>
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<thead>
<tr>
<th>3rd Counselor Contact</th>
<th>Completed by: ____________________________</th>
<th>Date: ____________________________</th>
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</thead>
<tbody>
<tr>
<td>(May 6 through May 24)</td>
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</tbody>
</table>

**EOPS ORIENTATION**

Date ___________  
Staff ____________________________

**PROGRESS REPORT (due March 22, 2013)**

Date ___________  
Staff ____________________________

**STUDENT EDUCATION PLAN (EOPS counselor only — 6 term plan)**

Completed by: ____________________________  
Date received: ____________________________

*Student ED Plan must be completed by May 3*

**WORKSHOP ATTENDANCE — deadline to complete is May 24, 2013**

Title of workshop: ____________________________  
Date: ____________________________

Presenter’s signature ____________________________  
Date: ____________________________

Location: ____________________________  
Time: ____________________________

**SCHOLARSHIP/FUNDRAISER — deadline to complete is May 24, 2013**

Date submitted: ____________________________