Instructor Meeting Verification
A Place Called Home: Teen and Young Adult Services
A Place Called Home Shaheen Scholarship

Student Name: ________________  Date: ________________

Term: ________________  Time: ________________

Course Title: ________________  Units: ________________

Instructor's Name: ________________  E-mail: ________________

Directions to Student: Please take this form to each instructor for feedback on your progress to date. Return the completed report to the Higher Education Office for review by ____________ (Date).

Directions to Instructors: ________________ (Name) is a scholar and recipient of the Shaheen Scholarship at A Place Called Home, a non-profit organization in South Central Los Angeles. Please assist us in our support of ________________ (Name) by completing this Instructor Meeting Form, commenting on his or her work at this time. With your assistance, we can provide additional support services to improve his or her academic success. Thank you for your prompt attention and cooperation.

Comments: ____________________________________________________________

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Grade to date: ________________

Instructor’s Signature: ________________