



Second Student Contact Verification Form

The **second contact** for EOPS is a progress check to observe academic performance, identify class drops, and to ensure that students are succeeding in their coursework. It also provides an opportunity to plan for the following semester.

Specialist counselors from different programs can meet with EOPS students for second contacts. To ensure that our records transition seamlessly, we ask that you be as thorough as possible when filling out the following form. The success of our EOPS students remains our top priority.

2nd Contact Form must be completed by an LBCC Counselor and turned in to the EOPS Office in-person or via email.

Student Name: _____ Student ID: #: _____

Second Contact completed in the following program: *(select below)* Date of Appointment: _____

- | | | |
|------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Go Project | <input type="checkbox"/> Phoenix Scholars |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> Guardian Scholars | <input type="checkbox"/> Puente |
| <input type="checkbox"/> DSPS | <input type="checkbox"/> Honors | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Dreamers | <input type="checkbox"/> Justice Scholars Program | <input type="checkbox"/> Umoja |

Counselor Comments: *(include course progress and recommendations, etc.)*

Overview: _____

Course Progress: _____

Additional Comments: _____

Referrals:

- | | |
|-------------------|----------------------------------------|
| CalWORKs _____ | Veterans _____ |
| Dreamers _____ | Counseling _____ |
| DSPS _____ | Guardian Scholars _____ |
| PUENTE _____ | Learning & Academic Resources _____ |
| Umoja _____ | Student Affairs/Clubs/Intramural _____ |
| Basic Needs _____ | Other _____ |

Student Name: _____ Counselor Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____