



# EARLY ALERT

## STUDENT REFERRAL

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student I.D. \_\_\_\_\_ Program \_\_\_\_\_

Course \_\_\_\_\_  Online  On campus \_\_\_\_\_

Term \_\_\_\_\_ Referred By \_\_\_\_\_

Please check if the student being referred is a high school student

### Reason for referral: Please check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Incomplete/late assignments | <input type="checkbox"/> Attendance is erratic | <input type="checkbox"/> Personal issues     |
| <input type="checkbox"/> Possible learning issues    | <input type="checkbox"/> Excessive tardiness   | <input type="checkbox"/> Counseling referral |
| <input type="checkbox"/> Poor test performance       | <input type="checkbox"/> Lack of participation | <input type="checkbox"/> Career guidance     |
| <input type="checkbox"/> Tutoring recommended        | <input type="checkbox"/> Conduct or behavior   | <input type="checkbox"/> Other               |

### Instructor Comments and Observations

### Class Performance

- Student is passing the class Grade \_\_\_\_\_
- Student is not passing the class
- Student has been encouraged to drop the class

### Instructors Actions

- I have not discussed my concerns with the student
- I have discussed my concerns with the student on \_\_\_\_\_

### Briefly describe the encounter and outcome

### Student's possible solutions to concern

### Student support services or actions recommended

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*\*\*\*\*To be completed by Student Support Services/High School Programs\*\*\*\*\*

**Remarks**

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**Actions initiated**

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