Date: 8/21/2003

Student name: Instructor name:

Student ID: Course name:

☐ Fr. ☐ Soph. ☐ Jr. ☐ Sr.

ATTENDANCE ☐ good ☐ fair ☐ poor No. of Absences 2

ACADEMIC PERFORMANCE ☐ assignments uncompleted
☐ assignments poorly done
☐ low quiz/test grades
☐ poor reading/writing skills

SELF MANAGEMENT ☐ time management
☐ poor communication
☐ poor attitude/motivation
☐ class/campus involvement

FINANCE/CAREER MGMT ☐ financial problems
☐ transfer talk
☐ major/career choice

☐ other

Comments:

(do not fill in below this line)

Contacts: ☐ telephone ☐ letter ☐ e-mail

Action(s) taken:

Referred To:
☐ Academic Advising
☐ Career Services
☐ Counseling Center
☐ Disabled Student Services
☐ Financial Aid
☐ Registrar
☐ Other:

☐ Feedback to Referral Source

Follow up after Referral:
☐ Yes
☐ No