



Early Intervention Form

To identify and assist individual students who may need counseling and/or additional support.

Date Referred: _____ Referred By: _____

Course(s): _____ Instructor's Contact: _____

Student's Name: _____ PC# _____

Instructor's Assessment *[please check all that apply]:*

- Poor Academic Performance
- Behavioral Issues
- Needs Tutoring in: _____
- Poor Attendance/Tardiness
- Student Displays Signs of Distress

Instructor's reason(s) for referral / comments:

COUNSELING STAFF USE ONLY

Student Contact Information:

Home # _____

Cell # _____

Email _____

Issue(s) Reported By Student:

- Child Care
- Dissatisfaction with Course
- Dissatisfaction with Instructor
- Family
 - Death in Family
 - Family Member Ill
 - Care for a Family Member
 - Lack of Support
- Health Issue
- Job Conflict
- Relationship with Partner
- Financial Aid
- Transportation
- Course Schedule Change
- Other: _____

Current Use of Student Support

- Academic Advisor
- Academic Tutoring/Mentoring
- Counseling
- Referral _____
- Other _____

_____ # of contact attempts with student

Date(s) communicated with student:

Feedback from Student:

Counseling/Advice/Assistance

Provided: _____

Date of Official Withdrawal (if applicable) _____

Recommendations to

Instructor: _____

Date(s) communicated with instructor:
