



Early Intervention Form

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

Date Referred: _____ Referred By: _____

Course: _____

Student's Name: _____ PC# _____ Phone# _____

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 Use Only

Date(s) Student Contacted: _____

Services Provided:

- Personal Counseling
- Referred to Community Resource(s):
Agency/ Representative: _____

Counselor's Comments/ Interventions/ Plans for Follow-up:

Initial: _____