

**Student Success Center
Early Intervention Referral Form**

Submit electronically to sheri.paneitz@bryanhealth.org or
place completed form in the Student Success Center Mailbox in the College Office.

Student's Name: _____ Date: _____
Course(s) _____ Course Faculty: _____

Reason for Referral (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> weak performance on quizzes, exams and class assignments.
Grade (if applicable) _____ | <input type="checkbox"/> weak performance on clinical |
| <input type="checkbox"/> frequent absences from class | <input type="checkbox"/> inadequate preparation for clinical |
| <input type="checkbox"/> failure to complete and turn in assignments | <input type="checkbox"/> unprofessional behaviors on clinical |
| <input type="checkbox"/> unprofessional behaviors in class | <input type="checkbox"/> difficulty with critical thinking |
| <input type="checkbox"/> significant life stressors or events | <input type="checkbox"/> health problems |
| <input type="checkbox"/> actions or behaviors are of significant risk for failing a course | <input type="checkbox"/> time management issues |
| | <input type="checkbox"/> other (please explain): _____ |

1. With the appropriate changes in the student's behavior, can the student still earn a passing grade in this course? yes no
2. What steps have you taken to help the student be successful? Please describe or attach any requirements or plan that the student has received during consultation with the faculty.
3. What was the student's response to your intervention?
4. Other Comments:

For Student Success Center Use Only

Date Received: _____ Date Contacted: _____ Email Telephone in Person

Referral to: Academic Professional Financial Aid Health Dean of Students
(Rev. 7/2015)