

Collegiate Support & Counseling
EARLY INTERVENTION
Referral Form

Student's Name: _____

Student's ID: _____

Class-Section: _____

Referred by: _____ Campus Add _____

The above student appears to have problems in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> not attending class | <input type="checkbox"/> class disruption |
| <input type="checkbox"/> not completing assignments | <input type="checkbox"/> doing poorly on assignments |
| <input type="checkbox"/> inadequate study skills | <input type="checkbox"/> emotional (depressed, lethargic) |
| <input type="checkbox"/> suspected substance abuse | <input type="checkbox"/> other (please specify) |

(attach sheet if additional space is needed)

Comments: _____

CSC Use:

Date Received: _____ Counselor Assigned: _____

Status Report: _____

Counselor Signature: _____

Date: _____

Submit To: CSC Sullivan Hall, East Front Desk