CONFIDENTIAL

Faculty/Staff Referral Form for Student Services Intervention

To: Deborah Kennedy, Dean of Student Services

From:		Date:	_		
	(Faculty or Staff Member)				
Re:	(Student's Name)	(Student/Empl ID)	(Course Number and Section)		
Му со	ncerns with this student inclu	de (check all that apply):			
	Student is a disruption to class and is impacting the learning of others				
	Student shows insufficient preparation for class, lack of participation or attendance				
	Student appears withdrawn, isolated, or his/her behavior has changed significantly				
	Student has approache	d me with a personal concern that	needs a referral		
	Student has had a personal conflict with another student or me				
	Student shows non-cor	npliance with class structure, rules	, code of conduct & expectations		
	Other				
Other	information (if any):				
	al if this student is willing to s	information concerning the stude ign a release of information form? an envelope to Deborah Kenne	Yes () No ()		
-	tudent. However, the benefits of shar		nal matters are shared without the permission one of the recommendations discussed with		
FOR C	OFFICE USE ONLY:				
Referr	al passed along to (check all t	hat apply): 🛛 Academic Dean	Threat Assessment Team		
	□ Retention Services	Personal/Crisis Counselor	Judicial Affairs		

FOR OFFICE USE ONLY: FOLLOW-UP REPORTING

Referral was handled by:		
·	(Name)	(Title, Dept.)
nportant Information to Not	e (may include dates u	neonle involved outcomes).
REFERRAL WAS PASSED ALC	ONG TO ANOTHER DEP	PARTMENT FOR ADDITIONAL ASSISTANCE:
eferral was handled by:		
	(Name)	(Title, Dept.)
	- (
mportant Information to Not	e (may include dates,	Seople involved, outcomes):
	Date document was completed and filed:	
	Signed by:	
		(Name, title of college official completing report)