

EARLY INTERVENTION REFERRAL FORM

Date of Referral: _____

Instructor's Name: _____

Number where you can be reached: _____

E-mail (if not MU account): _____

Student's Name: _____

Banner Plus Number: _____

Course and Section: _____

1. In your opinion, how likely is it that this student will complete this course successfully (grade C or above)?

Likely Possibly Unlikely Uncertain

2. Please identify this student's strengths and weaknesses as they appear to you:

- | | | | | | |
|--------------------------------|-----------|------|---------|------|---------|
| a) Class attendance/promptness | Excellent | Fair | Average | Poor | Unknown |
| b) Completion of assignments | Excellent | Fair | Average | Poor | Unknown |
| c) Participation in class | Excellent | Fair | Average | Poor | Unknown |
| d) Apparent interest/attitude | Excellent | Fair | Average | Poor | Unknown |
| e) Basic skills competence | Excellent | Fair | Average | Poor | Unknown |
| f) Quiz/Test performance | Excellent | Fair | Average | Poor | Unknown |

3. List your specific suggestions that could help improve the student's chance for success (please use back of page if needed):

THE REFERRAL SYSTEM AT WORK

1. First, initiate a conversation with the student about your concerns (if possible).
2. Then, send the Referral Form to Angela Yesh, Student Services, 1 JHN or 205 JHN (hard copy) or yesha@muohio.edu (email).
3. The student will be contacted by email and (if necessary) by phone.
4. Lastly, you will be contacted about the status this intervention.

For more information please contact Angela Yesh, Academic Advisor and Coordinator of Advisor Development, 727-3440, e-mail yesha@muohio.edu