

Retention Referral Form

After you have made an attempt to contact the student, please take the time to make a referral. Referrals should be made for those students you feel would benefit from additional guidance and academic support. The Counseling Office will then make every attempt to contact the student. This form should be submitted to the Counselor, Amber Grady.

Student Name: _____ ID#: _____

Referred By: _____ Course: _____

ATTEMPTED CONTACT:			
<i>Date</i>		<i>Time</i>	
<i>Method of Contact:</i>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	In-person <input type="checkbox"/> Other <input type="checkbox"/>
COMMENTS:			
(Provide any information that may be helpful in making contact with the students)			
REASON FOR REFERRAL:			
<input type="checkbox"/> Frequent Absences	<input type="checkbox"/> Missed Several Assignments	<input type="checkbox"/> Other (please explain)	
<input type="checkbox"/> Performing poorly	<input type="checkbox"/> Showing signs of Test Anxiety		
<input type="checkbox"/> Not engaged in class	<input type="checkbox"/> Needs Tutoring		

Signature _____ Date _____