CONFIDENTIAL

Faculty/Staff Referral Form for Student Services Intervention

To: D e	eborah Kennedy, Dean of Stu	ident Services	
From:		Date:	
•	(Faculty or Staff Member)		-
Re:			
	(Student's Name)	(Student/Empl ID)	(Course Number and Section)
Му со	ncerns with this student incl	ude (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	Student appears withdrawn, isolated, or his/her behavior has changed significantly over time		
	Student has approached me with a personal concern that needs a referral		
	Student has had a personal conflict with another student or me		
	Student shows non-compliance with class structure, rules, code of conduct & expectations		
	Other		
Other	information (if any):		
	-	p information concerning the stude sign a release of information form?	
	Please return this form in	an envelope to Deborah Kenne	dy, Dean of Student Services
	udent. However, the benefits of sha	information will be respected and no persor ring information with the professor may be c	nal matters are shared without the permission one of the recommendations discussed with
FOR C	PFFICE USE ONLY:		
Referr	al passed along to (check all	that 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.) Important Information to Note (may include dates, people involved, outcomes): IF REFERRAL WAS PASSED ALONG TO ANOTHER DEPARTMENT FOR ADDITIONAL ASSISTANCE: Referral was handled by: _____ (Name) (Title, Dept.) **Important Information to Note** (may include dates, people involved, outcomes): Date document was completed and filed: Signed by: ___

(Name, title of college official completing report)