

**Early Alert Information**

STUDENT: ID#: DATE: INSTRUCTOR: INSTRUCTOR EMAIL ADDRESS:

**Number of absences:** Current Grade in Class

**Concerns:**

This student is being referred to the Counseling Center for the following academic and/or life issue(s).

 Health Problems

 Financial Problems

 Habitually late or absent

 Has missed exams/tests/quizzes

 Childcare

 Family Issues

 Not logging into class (online)

 Transportation

 Not completing reading/homework assignments Substance Abuse

 Personal Problems

 Behavioral Concerns

 Other:

**Action Taken & Recommendation(s)**

***Please describe the steps you have taken to assist the student:***

 Talked about study skills, test prep, etc. Met with student during office hours

 Referred student for tutorial services Referred student to counseling services

**When is the best time you can be reached**:

**Comments**:\_

***Please fill out all areas that pertain to the actions of the student. This will support any action taken by the Counseling Department and provide documented verification of your referral for follow-up. Please be specific as possible. Thank You.***