Project HELP

Date of Referral

Students, faculty and staff ---- Please use this form to refer a student that is of concern to you. Areas of possible concern may include: academic, behavioral, physical/emotional health or others as identified.

SEND THIS FORM TO STUDENT SUCCESS SERVICES: DONOVAN HALL, RM G174 OR CALL 792-7805 FOR MORE INFORMATION.

Student's name _____

Phone_____ **Email**_____

Freshman student? _____ No _____Yes _____Don't Know

Nature of Concern:

_____ **Academic performance**
Course & Section _____
_____ not attending class
_____ disruptive in class (describe below)
_____ inappropriate class behavior (describe below)
_____ other (describe below)

Description _____

_____ **Behavioral**
Please describe: _____

_____ **Physical/Emotional Health**
Please describe: _____

_____ **Other identified concern**
Please describe: _____

Disclosure:

_____ My name may be used as the referring individual

_____ Do **NOT** use my name

Circle one: Student Faculty Staff

Referring individual's name (optional): _____

Contact information (necessary for follow-up) _____

THANK YOU