

Early Alert Referral

The Early Referral system is designed to allow faculty and staff who interface closest with a student to identify and help resolve situations that may interfere with the student's ability to perform his/her schoolwork and have a successful quarter. ***Please complete this form no later than week six of the quarter and send/deliver to Academic Advising, located in the Old Main Building second floor or via email to advising@newschoolarch.edu.***

Student's Name: _____

Available contact info for student: email: _____ Cell# _____

Course Number and Name (if applicable) _____

Have you previously notified Academic Advising that a situation exists? Yes No

Areas of Concern and Reason for Referral (Check all that apply):

Absences

- ___ never attended this course
- ___ irregular attendance
- ___ attended regularly, but suddenly attendance is irregular or has stopped

Academic

- ___ test anxiety
- ___ study skills
- ___ writing skills
- ___ lacks adequate preparation for the course level

Financial

- ___ Student working excessive hours for course load
- ___ Student has insufficient resources to cover college costs

Personal

- ___ Student seems troubled/ depressed/ anxious/ stressed
- ___ Student was doing well, but recently there has been a change
- ___ Student was participatory, pleasant, etc., but has recently become quiet/ withdrawn/ inattentive
- ___ Student's health is compromised (e.g., surgery, weight loss/gain, suspected drug/alcohol abuse)

Disability

- ___ Student receives ADA accommodations

Other (please specify or attach sheet with additional information): _____

Referring Individual: _____

Printed Name

Signature

Email Address

Phone Number

Academic Advising Only

Services Recommended: _____

Date Referred: _____

Advisor: _____

Student Contacted: Yes _____ No _____

Date Contacted: _____

Advisor Signature _____ Date: _____