

**Retention Services-Developmental Studies
EARLY ALERT REFERRAL FORM**

At Pecan return to **Student Success Specialist**, Velma Cervantes, Bldg. J-2-804B or E-mail
vcervantes@southtexascollege.edu

At Mid-Valley return to **Student Success Specialist** Herlinda Medrano, Bldg A 101-C or E-mail
lmedrano@southtexascollege.edu

***Information Required**

FACULTY/STAFF INFORMATION		
*Name:	*Course Name or Number:	*Date:
*E-mail:	Department:	Phone:

STUDENT INFORMATION			
*Name:	*Student A#:	Estimated grade:	Would you recommend tutoring?

REFERRAL INFORMATION			
Please indicate the problem area(s) using the checklist below.			
<p style="text-align: center;"><u>Academic Problem- Foundational</u></p> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> ESL <input type="checkbox"/> Note-taking <input type="checkbox"/> Test-taking <input type="checkbox"/> Study strategies <input type="checkbox"/> Other	<p style="text-align: center;"><u>Academic Problem-Course Specific</u></p> <input type="checkbox"/> Lacks required materials <input type="checkbox"/> Did not pass first test <input type="checkbox"/> Did not turn in 1 st assignment <input type="checkbox"/> Does not turn in regular assignments <input type="checkbox"/> Difficulty understanding content <input type="checkbox"/> Low grades <input type="checkbox"/> Lacks participation <input type="checkbox"/> Other	<p style="text-align: center;"><u>Classroom Conduct Problem</u></p> <input type="checkbox"/> Consistently late for class <input type="checkbox"/> Excessive absences <input type="checkbox"/> Stopped attending Class <input type="checkbox"/> Sleeps in class <input type="checkbox"/> Aggressive in class <input type="checkbox"/> Does not participate <input type="checkbox"/> Leaves class early <input type="checkbox"/> Academic dishonesty <input type="checkbox"/> Inappropriate cell phone use <input type="checkbox"/> Other	<p style="text-align: center;"><u>Non-Academic Problem</u></p> <input type="checkbox"/> Change in demeanor <input type="checkbox"/> Transportation issues <input type="checkbox"/> Housing <input type="checkbox"/> Illness <input type="checkbox"/> Family crisis <input type="checkbox"/> Personal crisis <input type="checkbox"/> Work conflicts <input type="checkbox"/> Financial <input type="checkbox"/> Other
<p><u>Describe prior intervention action(s) with the student (optional)</u> Have you made contact with the student: YES NO If so, how?</p>			
Additional Comments (optional):			