

FACULTY REFERRAL FORM

Student Support Services

John Brown University

Faculty Name: _____ Date: _____

Student Name: _____ Course: _____

Please indicate reason(s) for referral by checking the appropriate categories:

- | | |
|---|---|
| <input type="checkbox"/> Tutorial Assistance* | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Financial Aid Assistance |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Test-Taking Skills |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Academic Counseling |
| <input type="checkbox"/> Other _____ | |

*If referral is for tutorial assistance, please indicate the academic deficiency or need.
(Examples: 1. Needs help with ratios and fractions. 2. Cannot pass test on Cardiac/Respiratory System. 3. Having difficulty with reading comprehension in History, etc.)

Please check and circle student's current status and concern areas:

- | | |
|---|---|
| <input type="checkbox"/> Academic Status: A B C D F I | <input type="checkbox"/> Cannot Pass Exams |
| <input type="checkbox"/> Misses Class Often: 1 2 3 4 5+ | <input type="checkbox"/> Inappropriate Class Behavior |
| <input type="checkbox"/> Tardy: 1 2 3 4 5+ | <input type="checkbox"/> Displays Poor Study Habits |
| <input type="checkbox"/> Lacks Adequate Course Background | <input type="checkbox"/> Assignments Turned in Late |

Comments:

SSS STAFF ONLY

Counselor: _____ Date: _____

Action Taken/Suggestion:
