Academic Concern Form

Hello, Carey
FACULTY/STAFF REFERRAL

General Information

Student Last Name:

Student First Name:

ID Number:

Course:

Name of Referrer:

Referrer's Email:

Referrer's Phone #:

Reason For Referral (Check All That Apply)

*If you have observed academic work indicating intent to harm self or others and/or a noticeable change in physical affect or demeanor, we recommend contacting the Student Care Team with your concerns. Contact the Student Care Team through the Office of the Dean of Student Life at (541) 737-8748.

☐ Tardiness/Absences. Please indicate absences:  out of  classes.

☐ Not completing assignments.

☐ Continually submits sub-standard work.

☐ Low quiz/test scores (C- or below) or below class average.

☐ Apathy, lack of connection or involvement in classroom environment.

☐ Other:

Additional Information

Please note any additional information that may be helpful to the Academic Care Team, including any contact, conversations or communication you have had with the student on this topic. If you have already referred the student to resources, please note those in the space below:

What will the Academic Care Team do with this referral?

If possible, please share your concerns with the student, prior to submitting the Academic Concern Form, so that when possible, students will be aware that they might be contacted by a member of the Academic Care Team. Depending on the nature of the concern, we may not be able to guarantee the confidentiality and anonymity of you as the referrer.