



## CENTER FOR ACADEMIC ADVISING & SUCCESS (CAAS)

Atlanta Metropolitan State College

### ACADEMIC "ALERT" REFERRAL FORM

Your assistance is needed to help facilitate the success, retention, academic progress and timely graduation of Atlanta Metropolitan State College's students. Please provide the following information about the student(s) in your classes who may be failing at this time or experiencing other issues that may be affecting his/her academic success. **Although we would like to intervene before the Midterm Assessment Period, feel free to use this form anytime during the semester, as you deem necessary.** Please return this completed form to CAAS via email at [academicadvising@atlm.edu](mailto:academicadvising@atlm.edu). This information is confidential and will be used by the CAAS to assist the student. Thank you for your assistance.

Professor's Name: \_\_\_\_\_ Course CRN: \_\_\_\_\_

Course Title: \_\_\_\_\_ Semester: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Trailblazer ID: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_ Student's Email: \_\_\_\_\_

#### Check appropriate area(s) of concern:

- |                                                                  |                                                   |                                               |                                               |
|------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Attendance                              | <input type="checkbox"/> Learning Support         | <input type="checkbox"/> Time Management      | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Study Skills                            | <input type="checkbox"/> Health Issues            | <input type="checkbox"/> Reading Skills       | <input type="checkbox"/> Tardiness            |
| <input type="checkbox"/> Tutorial                                | <input type="checkbox"/> Classroom Decorum        | <input type="checkbox"/> Computational Skills | <input type="checkbox"/> Textbooks            |
| <input type="checkbox"/> Late Assignments or Missing Assignments | <input type="checkbox"/> Poor Exam or Quiz Scores | <input type="checkbox"/> Note Taking Skill    |                                               |
| <input type="checkbox"/> Stopped Attending: ____/____/____       |                                                   |                                               |                                               |

Other (Explain): \_\_\_\_\_

Actions performed by Professor: \_\_\_\_\_

**BELOW THIS LINE TO BE COMPLETED BY THE CENTER FOR ACADEMIC ADVISING & SUCCESS**

#### **OUTREACH**

Contacts: Phone \_\_\_\_\_ Date \_\_\_\_\_ Referral: Counseling Center \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Date \_\_\_\_\_  
In Person \_\_\_\_\_ Date \_\_\_\_\_ Other: \_\_\_\_\_ Date \_\_\_\_\_  
Letter \_\_\_\_\_ Date \_\_\_\_\_

#### **FINAL DISPOSITION**

- Student withdrew from course     Student Midterm Grade \_\_\_\_\_     \_\_\_\_\_ No Response from Student  
 Student Final Course Grade \_\_\_\_\_