

TRiO SSS STUDENT REFERRAL FORM

*** Please complete this referral form and return to the TRiO Student Support Services Program at James Sprunt Community College.**

DATE: _____ **COURSE #:** _____ - _____

STUDENT: _____ **STUDENT ID #:** _____

INSTRUCTOR'S SIGNATURE: _____

CHECK ALL THAT APPLY:

- _____ The student attends class regularly.
- _____ The student is on time for class.
- _____ The student submits homework, reports and/or projects on time.
- _____ The student participates in class.
- _____ The student demonstrates a positive attitude toward the course.
- _____ The student appears to be having personal problems.

THE STUDENT WOULD BENEFIT FROM THE FOLLOWING TYPES OF ASSISTANCE:

- | | |
|----------------------------------|-------------------------------------|
| _____ Note Taking Techniques | _____ Tutoring |
| _____ Time Management Techniques | _____ Computer Assisted Instruction |
| _____ Test Taking Techniques | _____ Assisted Lab |
| _____ Counseling | _____ Transfer Information |
| _____ Reader Services | _____ Interpreter |
| _____ Other: _____ | |

WHAT IS THE GRADE OF THE STUDENT AT THIS TIME? _____

PLEASE SHARE ANY ADDITIONAL INFORMATION OR COMMENTS THAT WOULD HELP THIS STUDENT IMPROVE IN THIS COURSE.

OFFICE USE ONLY – DO NOT COMPLETE BELOW THIS LINE:

_____ Student is not eligible for the TRiO Student Support Services Program.
Student has been referred to the following department and/or agency:

_____ JSCC Student Services –Counseling and Testing/Transfer
_____ Other (example – Academic Support Center) _____

_____ Date forwarded referral to above listed department/agency

_____ SSS Staff Signature _____ Date