**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.

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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 ________________

Revised August 2013