*Note: Please use an “X” to designate your selections, when applicable*

|  |  |  |  |
| --- | --- | --- | --- |
| Date (mm/dd/yy) |  |  | Your Relationship I am the student’s (select one): |
| Student’s Name |  |  |  | Advisor |
| My Name |  |  |  | Dean |
| My Contact Info |  |  |  | Instructor for course: [DETAIL] |
|  | Other (please specify): [DETAIL] |

Feedback (select all that apply):

|  |  |
| --- | --- |
|  | I have asked the student to contact TLC to schedule a “referral-based appointment” with a professional tutor |
|  | I would like feedback from the professional tutor regarding the student’s progress |

**Grade Status** (if applicable):

|  |  |
| --- | --- |
|  | No grade has yet been given for this work. The revised work will be graded |
|  | A tentative grade has been given for this work. The grade will be reconsidered based on the revision |
|  | A grade has already been given for this work. The revision will have no effect on student’s grade |

\*Please include a copy of the assignment, its directions, or the student’s exam (if applicable)

|  |  |
| --- | --- |
| Identify any areas below in which you have observed a pattern of behavior that interferes with the student’s academic success (select all that apply): | **Describe the patterns of errors or difficulties you have observed** (examples are helpful):[DETAIL] |
|  | Time management |
|  | Reading |
|  | General study habits |
|  | Listening / note-taking |
|  | Writing (global and/or technical) |
|  | Math (conceptual and/or procedural) |
|  | Test-taking |
|  | Test anxiety |

|  |  |
| --- | --- |
| **Does the student express concerns about how she or he is performing academically?** | **Additional Comments:**[DETAIL] |
|  | Yes |
|  | No |