



STUDENT AFFAIRS

EARLY ALERT REFERRAL FORM - FACULTY

Early Alert (EA) is a collaborative effort between professors and Student Affairs to help students who are at risk of failing one or more of their classes at CCQ.

To be completed by Faculty – Most effective if completed during the first 3-4 weeks of class.

_____	_____	_____	_____
Faculty's Name (Last, First)	Course/CRN	Phone	Today's Date
_____	_____	_____	_____
Students Name	Student's E-mail Address/Mobile	Student ID/Qatar ID #	

Assistance Type	Have you discussed this with the student?	Concerns (Counseling)	Concerns (Advising)	Other Requests Please specify
_____ Advising	_____ Yes	<input type="checkbox"/> Behavioral <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Special Needs or Accommodations <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Excessive Absences/Tardiness <input type="checkbox"/> Needs Tutoring <input type="checkbox"/> Low test/exam scores <input type="checkbox"/> Not completing homework/assignments <input type="checkbox"/> Plagiarism <input type="checkbox"/> Cheating <input type="checkbox"/> Other (Specify)	
_____ Counseling	_____ No			

Additional Information: _____

Faculty's Signature

NOTE: For some Counseling referrals, follow-up may not contain certain information due to confidentiality reasons. Please allow 7-10 days for a response

STUDENT AFFAIRS ONLY

Date of Contact: _____ Type of Assistance Requested: _____ Counseling _____ Advising

Appointment Scheduled: Date _____ Time _____ Did Student Attend Appointment? Yes _____ No _____

Name of Staff: _____ Service Provided: Behavioral _____ Personal Counseling _____ Advising _____

ServiceDetails: _____

Special Needs: Yes _____ No _____ Mental Health Concerns: Yes _____ No _____

Community Referral Needed: Yes _____ No _____

Faculty Follow-Up

Email Sent: _____

Date: _____ Time: _____