

CESS DOE Student Support Team (SST) Referral Form

Date of Referral:

Name of Student:

Major:

Minor:

Advisor:

Catalog Year: AY 22-23

Person making this referral:

Suggested Participants:

Director of Educator Licensure Programs

Assistant Dean for Academic and Student Affairs (or representative)

1. _____
2. _____
3. _____

SAS affiliated student: Yes ____ **No** ____ **Unsure** ____

Reason for referral

Check all that apply:

____ Student is not meeting the benchmarks for progression in their program (e.g., GPA, PRAXIS, PADA, course sequencing, or on trial status).

____ Student is failing a class and low performance could adversely affect academic progress.

____ Student is not meeting clinical (practicum or internship) requirements (based on mentor, supervisor evaluations or unsatisfactory PADA)

____ Student has not responded to instructor, supervisor, program coordinator, Director of Educator Licensure Programs or Assistant Dean to outline a corrective Plan of Action.

____ Student exhibits a pattern of behavior(s) (e.g., erratic or poor attendance, consistent lateness, abrupt changes in performance, seems disengaged or distracted consistently that appears to impact academic performance and possibly student wellness).

____ Instructor has evidence that the student is not accessing coordinated resources that supports academic success.

____ Student requests additional academic support.

In 150 words or less please comment on your reason (s) for the referral or provide more information for the CESS Student Support Team.

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Available Meeting Dates and Times for Student and Faculty

Dates and Times	Student Availability	Faculty Availability

Submitted to Director of Educator Licensure Programs:

Date _____ **Time:** _____