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.

Available Meeting Dates and Times for Student and Faculty

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<th>Dates and Times</th>
<th>Student Availability</th>
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Submitted to Director of Educator Licensure Programs:

Date______________________________ Time: ________________________________