



Early Alert Program
Student Intervention Plan

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|---|--------------------------|-------------|
| Student Name | Student ID | Date |
| Staff Name | Campus Office | |
| Student Support Services Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Course | Referring Faculty | |

I. Academic Concerns Indicated (see EAP referral form)

II. Counselor Comments:

III. Intervention Plan:

- Tutoring _____
- Academic Workshops _____
- Meet with Instructor _____
- Withdraw from class _____
- Other: _____

IV. Acknowledgement:

I have read and agree with the intervention plan discussed. I will abide by the proposed plan to the best of my ability. I am aware that my plan will be shared with my instructor and other campus offices as needed.

Student Signature: _____ Date: _____

Follow Up Appointment: _____