

Extended Opportunity Program & Services

REFERRAL FORM

Confidential **EARLY ALERT**

We encourage you to refer any student who is experiencing academic, personal, and/or fiscal difficulties. We have various services on campus that might be beneficial to students. If the student is not EOPS, he/she will be referred to general counseling for follow-up services. The "Early Alert" system is an intervention practice to aid students from falling behind by offering students resources before a critical stage is reached.

Student Name:		ID	Date:
Class:	Section:	Face to Face class	Dist Ed
Instructor/Prof:		Office Hours:	
✓ ☐ I wish a follo	ow-up response?		
Check all that apply:			
☐ Poor Study Skills	\square Poor time Management,	☐ Supplemental Instructi	onal Needed, $\ \square$ Low test
Scores, \square Poor Grade	s, $\;\square\;$ Poor Attendance, $\;\square\;$ P	oor Attitude, \Box Late Wor	k, \square Reading Difficulty
☐ Poor Written Expre	ession, \square Learning Disability,	\square ESL, \square Other:	
COMMENTS:			
EMAIL the form or d	lrop off at EOPS Office: (Refe	rral form on the Web site: ww	vw.paloverde.edu)
stephanie.slagan@pa	loverde.edu		
(760) 921-5402 **********	********	*******	********
For Office Use Only:			
\square Attempt to contact	student: Date:		
□ referred to DSPS	□ referred to financial aid	□ student services	
☐ Instruction office	□ Registers Office	□ Distance Ed	
□ CARE	□ CalWORK's	□ Dept of Soc Serv.	
□ Dept Economic De	velopment	□ Dept of Mental Healt	h
□ Dept DMV	□ ASB	Other:	
Comments:			
Counselor:		Date:	