

Piedmont Virginia Community College
Early Advantage Program
Referral Form

Student Name: _____

Date: _____

Emplid: _____

Instructor's Name: _____

Instructor's Tel. # _____

Course/Section #: _____

Please check the appropriate reason(s) for the referral and elaborate as indicated:

_____ Low test scores

_____ Frequent tardiness

_____ Failure to complete assignments

_____ Classroom behavior

_____ Poor reading/writing skills

_____ Personal Problems
(family, financial, work, etc.)

_____ Needs tutoring/coaching assistance

_____ Poor class attendance

_____ Other

What grade does the student presently have in your course? _____

Please elaborate on the reason(s) for this referral:

If you would like to be present when we meet with this student, please indicate some days/times that you are available. If you use PVCC's Microsoft Outlook for your calendar, please let us know to facilitate our scheduling the appointment.

_____ Yes, you may use my
MS Outlook to schedule
appointments.

Forward this form to David Lerman in the
Counseling and Career Center, Room 132.