



DR. MACK GIPSON, JR., TUTORIAL AND ENRICHMENT CENTER  
REFERRAL FORM

Please fill out ALL of the following information so that we can contact your student:

Student's Name: \_\_\_\_\_ St. ID \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Dorm or Address: \_\_\_\_\_  
Student's Phone #: \_\_\_\_\_ Student's Email: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Ext.: \_\_\_\_\_ Course: \_\_\_\_\_

Please evaluate the student in each of these areas:

- 1. Class attendance: \_\_\_\_\_
- 2. Class preparation: \_\_\_\_\_
- 3. Grasp of the subject matter: \_\_\_\_\_
- 4. Progress made: \_\_\_\_\_

Please describe your concerns about this student. In what specific area(s) is the student having trouble?

\_\_\_\_\_  
\_\_\_\_\_

What types of tutorial assistance do you request or recommend?

\_\_\_\_\_  
\_\_\_\_\_

What are the student's recent grades? \_\_\_\_\_

Have you attached supplemental practice work to this form? \_\_\_ YES \_\_\_ NO

Other comments:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO:

Carole Overton, Director (ext. -8250)  
Dr. Mack Gipson, Jr., Tutorial and Enrichment Center  
Gipson Building

PLEASE DO NOT WRITE BELOW THIS LINE

<u>STATUS</u>	<u>ACTION TAKEN</u>	<u>DATE</u>	<u>NOTES</u>
Date rec'd: _____	Processed referral form	_____	_____
By: _____	Sent referral letter	_____	_____
Tutoring Schedule:	Met with student in TEC	_____	_____
M _____	Assigned tutor	_____	_____
T _____	Informed tutor	_____	_____
W _____	Started tutoring sessions	_____	_____
TH _____	Sent follow-up reports	_____	Copy of this form/Student Assessment Sheet
F _____	to referral source	_____	Copy of this form/Student Assessment Sheet
		_____	Other: _____

NOTES: \_\_\_\_\_