

ACADEMIC INTERVENTION FORM

Email form to Ed Robinson Vice President of Student Services: erobinson@blackhawk.edu

To be completed by the instructor:

Student Name:	ID Number:	Date:
Program:	CRN:	
Instructor Name:	Course Name:	
Course Number:	Student Phone:	
In your interaction with the student, what action w	as taken?	
Reason for referral: Please provide comments wh	en appropriate	
Comments:		
What assistance might benefit the student at this	time?	

To be completed by counselor:		
Has the student talked with a Counselor? Yes	No	
Couse of action recommended:	and	(if additional action necessary)
Other action recommended:		
Is additional follow-up recommended? Yes	No	
Date referral was entered into Banner comment scr	reen:	
Date Instructor & Dean have been contacted:		
Address:	City/State/Zip:	