

# EARLY ALERT REFERRAL SYSTEM

---

## LSUS STUDENT DEVELOPMENT & COUNSELING CENTER EARS Form

Please complete this form for any student suspected of experiencing academic or personal difficulties. It may be returned to the Counseling Center in the Administration Building, Room 220, through campus mail, or by fax (797-5064). A Counselor will contact the student and offer assistance.

<b>Student Name:</b>	
<b>Student Phone:</b>	<b>Student e-mail:</b>
<b>Classification</b> <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	
<b>Briefly describe your reasons for making this referral:</b>	

All information on this form will remain confidential as will all contacts with and information gathered from a student; therefore, we cannot automatically follow up with the referring person. Should a referred student grant permission, you may receive feedback from the Counseling Center Staff.

<b>Referring Person (optional):</b>
<b>Phone or e-mail address (optional):</b>

---

For SDCC staff

<b>Date Referral Received:</b>	<b>By:</b>
<b>Contacts Attempted</b>	
<b>Accepted Services:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Initial Appointment:</b>