

**Academic Support Center  
Faculty Referral for Tutoring**

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Yes.  No. Assignment Analysis needed?  
(go over directions with student)

Course: \_\_\_\_\_

Yes.  No. Is the tutoring session mandatory  
or extra credit?

**Remediation Required? If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Study Skills Strategies: circle all that apply**

Test Taking Skills

Reading Strategies

Note Taking

Organization

Time Management

Memory Techniques

Textbook Strategies

Study Tips

Improved Study Habits

Syllabus Comprehension

**Does the student have any subject or test-related anxiety?**      Yes.      No.

**Is the student having motivation difficulties? If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**Please list any attachments to this form:**

**Are there any special concerns or directions needed for this specific assignment?**

