

Early Alert **PRIORITY PASS**

1 REFERRING PARTY—complete the following section:

Student _____ ID# _____

Phone # _____ Email _____

Date Referred _____ Referring Instructor/Staff _____

Dept./Class _____ Reason for Referral _____

Check the service needed (Please complete one pass for each service destination)

_____ **Assessment**
Math, English, ESL, ATB, and reading assessments

_____ **Career Center**
Career classes, career counseling, and workshops

_____ **Center for Academic Success**
Tutorial assistance, study skills aids, workshops, etc.

_____ **Counseling**
Academic, transfer, career, personal and crisis counseling; student education plans

_____ **Disabled Student Services (DSPS)**
Support services and programs for students with documented disabilities

_____ **Extended Opportunity Programs & Services (EOPS)** Assistance for educationally and economically disadvantaged students

_____ **Financial Aid**
Financial aid and scholarship information

_____ **Food Pantry**
Canned food and other non-perishable food items

_____ **Job Placement**
Part-time, full-time, temporary, on-campus, federal/state, internships, and work experience

_____ **Library Reference Desk**
Assistance for using library electronic databases, researching for term papers, etc.

_____ **Safe Place & Wellness Program**
Provides crisis intervention and advocacy for victims/survivors of sexual assault, intimate partner violence, and/or stalking

_____ **Student Health Clinic**
Physician/Nurse Practitioners evaluate and treat most illnesses, injuries, STDs and general health problems. Marriage & Family Therapist provides evaluation, therapy and ADHD testing

_____ **Transfer Counseling Center**
Academic, career, and transfer counseling; workshops and transfer support services including transfer agreements (TAG)

_____ **TRIO Student Support Services**
Assistance for eligible students intending to transfer to a four-year university

_____ **Veterans Affairs**
Services for students who have served in the Armed Forces and their dependents

_____ **Other** _____

Distribute copies (give **white copy** to student, send **pink copy** to Vice President of Student Services via intercampus mail, and keep **yellow copy** for referring party records)

2 STUDENT—bring **white copy** to **Service Provider** for appointment and **give it to the Service Provider**.

3 SERVICE PROVIDER—complete the following information and **send this white copy to Vice President of Student Services** via intercampus mail.

Date student seen _____ Assistance provided _____

By whom _____ Title _____ Phone # _____