**Referral Form for Education Intervention Board**

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| This information is considered confidential but will be available for review by the student named in the form. This form is to remain in the EIB paper file and should not be sent on to prospective employers or placement. |

Student Name: J#:

Referring Faculty/Staff:

Date of Referral

Reason for Referral:

Intervention(s) Prior to Referral (Meeting with referring person to determine improvements needed and timeline):

Signature of Faculty/Staff submitting referral:

I am informed about this referral to Education Intervention Board.

Student Signature

Date