

**Reading Specialist Student Referral**

Ana Miller, Reading Specialist  
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**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
ID#: \_\_\_\_\_ Classification: FR SO JR SR Grad  
Telephone: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Cell - \_\_\_\_\_  
Email: \_\_\_\_\_

**Reason(s) for Referral:**

- Probationary Status       Academic Dismissal       Conditional Admittance  
 THEA       Academic Probation  
 Course Performance—Course (s) \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**Recommended Intervention(s):**

- Vocabulary Development       General Reading Comprehension Assistance       Reading Diagnostic Services  
 Textbook Comprehension Strategies       Course Grade Improvement       Essay Writing  
 Note Taking Strategies       Study Skills       Test Taking Strategies  
 THEA Assistance       Time Management and Organization Strategies  
 Required Attendance at \_\_\_\_\_ Session(s)  
 OTHER / COMMENTS: \_\_\_\_\_

Referred by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Follow-Up Requested? *Y or N*

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**READING SPECIALIST USE ONLY**

Date Received: \_\_\_\_\_ Student Contacted: \_\_\_\_\_

**Interventions & Comments:**

Date follow-up sent to referring faculty: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_