

GROUP OF STUDENT EARLY WARNING FORM

PLEASE COMPLETE THE FORM

(TO BE COMPLETED BY THE INSTRUCTOR OF THE COURSE)

- Faculty Name: - Group Discipline:
- Contact Email: - Group Level:
- Course and Section: - No. of the Group:

◆ Please indicate your concerns (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Not completing assigned work | <input type="checkbox"/> Deficiency in writing skills |
| <input type="checkbox"/> Trouble with course content | <input type="checkbox"/> Difficulty with English as a Second Language |
| <input type="checkbox"/> Excessive absences | <input type="checkbox"/> Has never attended class |
| <input type="checkbox"/> Other | |

◆ Are the students failing at this time? Yes No (exam, quiz, assignment....etc)

◆ It is helpful for us to know the specific details regarding the students' academics (number of absences, number of missing assignments, etc.) at the time of your submission. Please enter these and any other **comments**:

◆ What are your recommendations for this group of students to improve their performance?

To be send to the HOD of the student

To be send to the Student Rights and Academic Advisory Unit head. (Pre-Clinical Students)

FURTHER INTERVENTION:
