

Austin Community College Health Sciences Student Referral Form

Please Print

Student Name:	Id#:	Program/Course:
Faculty/Staff Name:	Phone#	Date:

Faculty/Staff Signature: _____

I recommend that you contact the following office(s) as soon as possible for assistance in achieving greater academic success. Please take this form to the recommended contact:

- | | |
|--|--|
| <input type="checkbox"/> Counselor, Health Sciences
Sandra Elizondo, M.A.
Eastview Campus
Bldg. 9000, rm 9102
(512)223-5810
selizond@austincc.edu
For appointments, call 223-5129 | <input type="checkbox"/> EVC Student Services Office
Building 2000, rm. 2113
<input type="checkbox"/> Assessment
<input type="checkbox"/> Counseling
<input type="checkbox"/> Office for Students with Disabilities
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Admissions & Records
<input type="checkbox"/> Support Center |
|--|--|

Student may need assistance in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Study Skills, Test Taking Skills/Anxiety
<input type="checkbox"/> Time Management
<input type="checkbox"/> Clinical Performance Anxiety
<input type="checkbox"/> English Language Skills
<input type="checkbox"/> Communication Style
<input type="checkbox"/> Difficulty with Coursework | <input type="checkbox"/> Assessment or Texas Success Initiative (TSI) concerns
<input type="checkbox"/> Relationship, Family or Childcare Concerns
<input type="checkbox"/> Physical or Learning Disability Affecting Coursework
<input type="checkbox"/> Work or School Decisions
<input type="checkbox"/> Financial Support Information
<input type="checkbox"/> Other Life Challenges |
|---|---|

Comments: _____

I, _____ authorize Student Services Faculty/Staff to provide information to my instructor regarding services I received.

Student Signature: _____ Date: _____