

FIRST ALERT PROCEDURE

Early detection of academic difficulties will increase the College's ability to offer the student access to the appropriate support systems, offering a more systemic and integrative approach to retention. The First Alert Procedure is designed to support faculty and academic departments by identifying and communicating with students who may have difficulty in the classroom, with the college experience, and/or coping with external stressors that may inhibit a successful college experience. Developing an effective communication link between students, their instructors, faculty advisors, and departmental Deans may prove to be beneficial and an essential factor in the overall academic and personal success of the student. Below is the step by step first alert process.

1. Visit the College website: www.ogeecheetech.edu
2. Click on Counseling or Disability Services listed under *Current Students*
3. Located on the main page...click *First Alert* and complete the form
4. Submit the **First Alert Form** via email to Ty White (twhite@ogeecheetech.edu) or Penny Hendrix (phendrix@ogeecheetech.edu) or bring directly to office 171D or 171E
5. The Counselor will forward the **First Alert Form** to the appropriate department if deemed necessary; otherwise student issues/concerns will be addressed within the Counseling department
6. If Counseling and/or Disability Services are appropriate for student issues/concerns, counselor(s) will meet with student and develop a **First Alert Success Plan** (See attached)
7. The instructor will receive a **First Alert Follow-up Form** (see attached) informing him/her of a student's efforts to address issues/concerns

FIRST ALERT FORM

Student's Name:	Student ID:
Student's Phone Number:	Email Address:
Advisor:	Program of Study:
Course Instructor:	Course Number:

Reason for Referral:

Medical: _____

Personal: _____

Social: _____

Academic: _____

Disability Accommodations:

YES

NO

Select:

____ Sudden Change in Behavior

____ Poor Study Habits

____ Financial Issues

____ Math Ability

____ Lack of Transportation

____ Peer to Peer Conflict

____ Employment Conflict

____ Peer/Instructor Conflict

____ Poor Attendance

____ Lack of Interest

____ Reading Ability

____ Difficulty Understanding Course Content

Other(Specify): _____

Prior Interventions:

____ Telephone Conference

____ Office Conference

____ Email

____ USPS Mail

Other (specify): _____

Student Signature : _____ Date: _____ (if applicable)

Faculty/Staff Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Disposition of Referral: _____

To Be Completed by Student Support Services:

Department Referral: _____ Counseling: _____ Dean for Academic Affairs: _____ Disability Support Services: _____

Financial Aid: _____ VP Student Affairs: _____ Registrar: _____ Other (Specify): _____