

The ARC (Academic Reading Center) Faculty Referral Form

Not all information is required but as much as possible will be appreciated!

Instructor Name

Contact Method (email or phone number)

_____ | _____

Class Title:

Student Name:

Please assist student with (check as many as necessary):

- | | |
|--|---|
| <input type="checkbox"/> Using textbook to study for tests, quizzes, or class discussions. | <input type="checkbox"/> Note-taking during class lectures. |
| <input type="checkbox"/> Understanding vocabulary or terminology. | <input type="checkbox"/> Critical reading skills (e.g. analysis, drawing inferences, etc.). |
| <input type="checkbox"/> Note-taking on reading assignments. | <input type="checkbox"/> Using textbook features (e.g. visual aids, guide questions, glossaries, etc.). |
| <input type="checkbox"/> Other (please be specific; use back side if you need more space): | |

Textbook(s):

Title of Text(s): _____

Chapter(s) of focus: _____

To receive extra credit in my class, student should:

- | | |
|---|--|
| <input type="checkbox"/> attend 1-3 times | <input type="checkbox"/> other (please specify): |
| <input type="checkbox"/> attend 4-6 times | _____ |
| <input type="checkbox"/> attend 6 or more times | _____ |

Any other notes or information (use back side if you need more space):

When completed please return to The ARC.

THANK YOU!