



ANTIOCH  
COLLEGE

# EARLY ALERT REPORT

Name Of Student: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Course Prefix & Number: \_\_\_\_\_

Name of Faculty: \_\_\_\_\_

**ACADEMIC CONCERNS (CHECK ALL THAT APPLY)**

Excessive Absences:

**Total days absent:** \_\_\_\_\_, **Last date of attendance:** \_\_\_\_\_

Struggling with Course Material

Inadequate Preparation/Participation in Class

Missing Exams or Quizzes

Missing Homework

Poor Quiz/Exam Results

Poor Academic Skills

Poor Time Management

Poor Behavior in Class

Other: \_\_\_\_\_

**Have you spoken with this student about the issues/concerns identified above?**

**YES      NO**

**ADDITIONAL COMMENTS:**