

FOR OFFICE USE ONLY: _____

FOLLOW-UP FOR STUDENT SUPPORT SERVICES COUNSELOR

Date: _____ (M/D/YYYY)

Student Contacted by:

- Phone
- Note On Classroom Door
- In Person
- Mailed "Message"

Student Response: _____

Action Taken: _____

FOLLOW-UP:

- Instructor
- SSS Tutor Coordinator