

Student at Risk Form

Please email completed form in fillable PDF format to:

Burwood students: dcoll-acadserv@deakin.edu.au

Geelong students: dcoll-sasgeelong@deakin.edu.au

Student ID: _____ Name: _____

Lecturer's Name: _____

Unit student is considered to be At Risk in: _____

Reason(s) student is at risk:

- | | |
|---|--|
| <input type="checkbox"/> Disruptive in class/poor concentration | <input type="checkbox"/> Failure to submit assessments |
| <input type="checkbox"/> Language difficulties | <input type="checkbox"/> Personal issues |
| <input type="checkbox"/> Poor assessment results | <input type="checkbox"/> Medical issues |

Comments: _____

I can confirm I have spoken to the student about my concerns

If yes, please provide summary of discussion and/or outcomes:

(Response can be continued overleaf)

Lecturer's Signature: _____

Date: _____



Office Use Only

Date student was contacted: _____

By: Letter Phone Email In class

Interview with student: Yes No Date: _____

Comments or Outcome: _____

Further action required: Yes No

Comments or Outcome: _____

Staff Name/Signature: _____ Date: _____