

ACADEMIC INTERVENTION INTERVIEW FORM

This form is to be used by Academic Department for the determination of an intervention strategy. Copies should be kept by the student and Academic Department. Once completed, please forward to the PEO.

Intervention Strategy: Intervention Strategy is an action plan adapted in an attempt to reduce the causes of academic failure. It has been developed to offer you with additional assistance to promoting future success in your studies.

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Contact Number:	
Address:			
Email Address:			
Course Enrolled:			

COURSE PROGRESS DETAILS: *(Please tick the appropriate option)*

<input type="radio"/> 1 st Intervention <input type="radio"/> 1 st Warning <input type="radio"/> 2 nd Intervention
1st Intervention applies for student who is at risk of failure for the first time or the 1 st subject/unit of the term 1st Warning applies for student who is at risk of consecutive failure in the same term after 1 st Intervention 2nd Intervention applies for student who is at risk of failure in following terms after 1 st Warning Intention to report applies for student who is at risk of failure for 2 consecutive terms and has received 1 st Warning. Please use an Appeal form in response to any "Intention to report" letter.
Reasons and any supporting documentation why this intervention strategy should be provided:

INTERVENTION STRATEGY DETAILS: *(Please tick one or more options.)*

<input type="radio"/> Prescribed Program <input type="radio"/> Attending tutorials, <input type="radio"/> Reduction in course load, <input type="radio"/> Re-assessment <input type="radio"/> Others _____	<input type="radio"/> Referral to Student Support <input type="radio"/> Attending counseling, <input type="radio"/> Receiving assistance with personal issues which are influencing progress, <input type="radio"/> Others _____
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STUDENT DECLARATION:

I acknowledge the intervention strategy as outlined above.

Student Signature: _____ Date: ___/___/___

OFFICE USE ONLY			
Approval Decided By:			
Signature:		Date:	/ /