AUGUSTANA COLLEGE
EDUCATION DEPARTMENT
STUDENT STAFFING

Part One: Staffing Referral

Student Name:  
Reason(s) for Referral:  

Referred By:  

Part Two: Staffing Meeting  

Date:  

Participants:  

DISCUSSION

Define Concerns/Issues:  

PLAN OF ACTION

DATE FOR FOLLOW UP REVIEW:

Education Department Chair, Signature  
Date

Student Signature  
Date