Indiana University East School of Nursing
Student Intervention Form

To be completed by student: (Please print)
Section 1:
Personal Information
Student Name: _____ Course Number:_____ Faculty:_____

Student Advisor: _____
Section 2:
Reason for Intervention (Check all that apply)
_____ Excessive absences **_____ Test scores**
_____ Incomplete course work **_____ Other _____**

Student Plan of Intervention:

To be completed by faculty
Section 3:
Campus Referrals

Academic Advisor	
Center for Health Promotion	
Student Support Services	
Other	

Suggested Resources

Read text, DVD, CD, chapter questions	
Attend test review	
Attend study group	
ATI resources	
NCLEX review questions	
Other	

Faculty Comments:

Faculty Signature: _____ **Date: _____**

Student Signature: _____ **Date: _____**

Rev. ECNF Curriculum Committee 09/02, 12/09
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