Referral Form
ARC/Writing and Reading Center

Name of Student ____________________________ Date _____________
Course __________________________________
Referring Instructor ________________________

I __would ___ would not like periodic reports on this student’s attendance.

TO THE STUDENT: Please bring this form to the Writing and Reading Center
to make an appointment with a peer tutor.

______________________________________________________________________________

Please help this student with the skills checked below either _____for a specific assignment or
_____ regularly (weekly) for all given assignments.

WRITING:

Development
_____ achieving significance/relevance
_____ addressing the assignment
_____ sufficiently developing
____ a thesis
____ paragraphs

_____ narrowing the topic or focus
_____ understanding purpose or audience
_____ understanding genre/discipline conventions
_____ other _______________________

Organization
_____ ordering ideas effectively
_____ achieving coherence
_____ achieving paragraph unity

_____ making effective transitions
_____ citing sources properly
_____ other _______________________

Grammar and Mechanics
_____ comma errors
_____ sentence fragments
_____ sentence run-ons
_____ pronoun reference
_____ agreement
_____ misplaced modifiers
____ punctuation
_____ possessives
_____ spelling

_____ passive voice
_____ capitalization
_____ using standard English
_____ clichés
_____ unnatural or confusing phrasing
_____ faulty word choice
_____ tone, voice
_____ achieving sentence variety
_____ other _______________________

READING/STUDY SKILLS:

_____ reading/analyzing critically
_____ reading efficiently
_____ reading selectively/appropriately
_____ expanding vocabulary
_____ taking exams

_____ taking notes
_____ from readings
_____ from lectures
_____ managing time
_____ other _______________________

COMMENTS: