

## **Early Alert Team**

### **Mission**

The mission of the Early Alert Team (EAT) is to provide early intervention and prevention for students who are experiencing distress, engaging in harmful or disruptive behaviors, or who have been identified as at risk.

### **Purpose**

The EAT serves as a point of referral for faculty, staff members, students and/or parents who are concerned about the physical, emotional, academic or financial health of a University student. The EAT can assess the situation, offer support and provide referrals to the appropriate resources on and off campus. Additionally, the EAT will provide policy and procedure recommendations when appropriate.

### **When to Refer a Student to the EAT**

Faculty, staff members, students and/or parents should consider a referral to the EAT using the Early Alert Referral (EAR) Form if there is a concern about a student. Possible reasons for referral may include mental health concerns, academic or personal difficulties that interfere with a student's success, behaviors that warrant concern, and/or knowledge of personal or family concerns that may be interfering with their success. Consider a referral if, after speaking to a student about the concern, no improvement occurs.

### **How to Refer a Student to the EAT**

An EAT Form is available on the Benedictine University at Mesa website. The form asks for contact information, relationship to the student and the specific concerns about the student. In accordance with the Family Educational Rights and Privacy Act (FERPA), the system is designed to allow referrals to be viewed only by those individuals who have a "need to know". The information shared will not become part of the student's permanent record.

**Early Alert Referral Form**

The mission of the Early Alert Team (EAT) is to provide early intervention and prevention for students who are experiencing distress, engaging in harmful or disruptive behaviors, or who have been identified as at risk.

Date: \_\_\_\_\_

**Faculty/Staff /Student or Parent Reporting**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

or

Anonymous \_\_\_\_\_ *(Check here)*

**Relationship to the student**

\_\_\_\_\_

**Student Information**

Name \_\_\_\_\_ ID # (if available) \_\_\_\_\_

**Specific concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclosure:**

In accordance with the Family Educational Rights and Privacy Act (FERPA), the system is designed to allow referrals to be viewed only by those individuals who have a need to know. The information shared will not become part of the student's permanent record. In addition, state and federal privacy laws prohibit the unauthorized disclosure of personally identifiable health information.

Submit a completed form to Gillett Hall Room 130 (Student Life).