

REFERRAL FOR WRITING SUPPORT

Upon receipt, please bring this form and the assignment to the CAEI (learning center).
 You may make an appointment to work with a writing specialist by visiting [Compass](#).

Date: _____

Student Name: _____

CWID: _____

Course: _____

Instructor: _____

Assignment: _____

Reason for referral by instructor: (Select all that apply)	During the session we worked on
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- | | |
|--|--------------------------|
| <input type="checkbox"/> Reading comprehension (class readings and/or assignment descriptions). | <input type="checkbox"/> |
| <input type="checkbox"/> Avoiding a summary of the reading. | <input type="checkbox"/> |
| <input type="checkbox"/> Developing an argument based on textual support from the reading. | <input type="checkbox"/> |
| <input type="checkbox"/> Creating a thesis statement with appropriate subtopics. | <input type="checkbox"/> |
| <input type="checkbox"/> Producing a topic sentence for each paragraph. | <input type="checkbox"/> |
| <input type="checkbox"/> Providing evidence to support the topic sentence for each paragraph. | <input type="checkbox"/> |
| <input type="checkbox"/> Citing sources appropriately using MLA style and avoiding plagiarism. | <input type="checkbox"/> |
| <input type="checkbox"/> Avoiding wordiness and repetition. | <input type="checkbox"/> |
| <input type="checkbox"/> Identifying and eliminating grammatical errors and spelling mistakes: | <input type="checkbox"/> |
| <input type="checkbox"/> Subject-verb agreement | <input type="checkbox"/> |
| <input type="checkbox"/> Accurate use of pronouns | <input type="checkbox"/> |
| <input type="checkbox"/> Commonly confused words (there/their; your/you're, etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> Identifying and eliminating sentence construction issues: | <input type="checkbox"/> |
| <input type="checkbox"/> Run-on sentences | <input type="checkbox"/> |
| <input type="checkbox"/> Comma splices | <input type="checkbox"/> |
| <input type="checkbox"/> Fragments | <input type="checkbox"/> |
| <input type="checkbox"/> Students for whom English is a second language: identifying and correcting native language influence. | <input type="checkbox"/> |

Tutoring Session Information

Date: _____ Time: _____ Tutor: _____ Campus: _____

Student's mastery of the concept taught during the session:

- ☐ Satisfactory
 ☐ Making progress
 ☐ Needs additional help