

**East Central University
College of Education and Psychology
Disposition Concern Form**

NAME: _____ **TITLE/JOB DESCRIPTION:** _____

STUDENT NAME: _____ **STUDENT ID:** _____

_____ **Undergraduate** _____ **Graduate**

INCIDENT RELATED TO:

___ Coursework ___ Advising ___ Program Activities

___ Other (Please explain):

**DESCRIBE THE ASSOCIATION AND/OR ENVIRONMENT WHERE YOU INTERACTED WITH THE STUDENT
(i. e. field observations, university instructor, advisor, etc.)**

DESCRIBE THE ISSUE:

HOW HAS THE STUDENT BEEN MADE AWARE OF THE CONCERN? Please indicate the number of interactions that directly related to the issue described above.

_____ Face to face meetings _____ Email _____ Notes/corrections on work

_____ Other (Please explain):

ACTION(S) OR CORRECTION(S) TAKEN OR MADE:

Please select all unit disposition categories that relate to the issue:

_____ Professionalism _____ Learning _____ Respect

_____ Expectations _____ Efficacy

Signature

Date

Please submit the form to the Education Department Chair, pisaacs@ecok.edu along with the standard disposition form.