

**EARLY CONCERN NOTE**  
**NONCOGNITIVE ACADEMIC PERFORMANCE**

Name of Student: \_\_\_\_\_ MS1 MS2 MS3 MS4 (circle one)

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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**I) The sections below are to be completed by the Unit/Course/Sequence/Clerkship Director**

My concern(s) about the noncognitive academic performance of this student is/are based on the following:

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

I have discussed my concerns with the student. \_\_\_\_\_ Yes \_\_\_\_\_ No

I feel uncomfortable discussing my concerns with the student. \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**Please forward to: Associate Dean of Student Affairs  
MC 9624**

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**II) The sections below are to be completed by the Associate Dean of Student Affairs (or his/her designee)**

The concerns have been discussed with the student. \_\_\_\_\_ Yes \_\_\_\_\_ No

The concerns have been discussed with the Unit/Course/Sequence/Clerkship Director. \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments/Plans:

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

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

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**III) This section is to be completed by the student**

I have read this evaluation and discussed it with the Associate Dean of Student Affairs. I understand that, if another Early Concern Note is submitted about my noncognitive academic performance, then the contents of this Note and the subsequent Note will be forwarded to the School of Medicine Student Progress Committee for action.

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

Comments:

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