**Writing Center Referral by Instructor**

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The student needs to work on:**

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| Prewriting: | Essay Drafting: | Sentence Level: |
| * Assignment analysis
* Brainstorm/Cluster
* Outlining
 | * Thesis development
* Introduction
* Essay structure
* Paragraph Development
* Analysis
* Conclusion
* Citing and Quoting Sources
 | * Grammar
* Word Choice
* Sentence Structure
* Punctuation
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**Additional Instructor Comments:**

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**OUWC Consultant Portion:**

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| *What was discussed in the session?*  |

***This form must be completed and returned to your instructor with the original copy (with OUWC consultant’s markups) and a revised copy***

Stamp: Date/Time of Session:

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