



DISABLED STUDENTS PROGRAMS AND SERVICES
CENTER FOR STUDENTS WITH DISABILITIES REFERRAL FORM
DISABLED STUDENTS ACADEMIC COUNSELING
SF 121
Extension 5905

Student's Name: _____ Date: _____

ID # _____ Referred by: _____

Reason(s) for Referral/Areas of Concern: (Please check all that apply)

- Academic Concerns/Difficulties (please explain) _____
- Inconsistent Grades
- Number of Withdrawals
- Number of Substandard Grades
- Disability Concerns (Stigma/worries about confidentiality)
- Student had IEP in high school
- Student expresses difficulty/ anxiety with test taking
- Student expresses overwhelm/lack of motivation
- Time Management/Study skills needs
- Difficulty keeping up in class lectures
- Socialization/Relational issues/Isolation
- Self-reported or observed changes in behavior (sleep habits/anxiety/outbursts)
- Attentional Issues in class/ studying
- Student Generated Referral
- Teacher Generated Concerns
- Other (please explain) _____

Please give form to student to bring to the Center for Students with Disabilities. Student can also call X5905 to make an appointment to see a DSPS Counselor.