

for office use only:
Student seen by:
Date seen/contacted:
Action taken:

DISABLED STUDENTS PROGRAMS AND SERVICES (DSP&S)

COLLEGE OF SAN MATEO
Building 152 Room 188
Main Telephone Contact 650-574-6438

INSTRUCTOR/COUNSELOR REFERRAL FOR SERVICES

Before sending this referral, please discuss with the student and then ask them to come to our office to make an appointment. Thank you for your referral.

Date of Referral: _____

Student Name: _____ Student ID # G _____

Referred by: _____

Class and Section: _____

Reason for Referral:

- | | |
|--------------------------------------|---------------------------------|
| ___ Difficulty learning | ___ Difficulty paying attention |
| ___ Emotional/psychological concerns | ___ Mobility difficulties |
| ___ Behavior issues | ___ Visual difficulties |

The following characterize the student's performance:

- | | |
|---------------------------------------|---|
| ___ Excessive absences | ___ Poor performance on tests/quizzes |
| ___ Little or no class participation | ___ Excessive tardiness |
| ___ Lack of attention in class | ___ Significant difference between class performance and test performance |
| ___ Not doing homework or assignments | |
| ___ Other: Please Explain | |

Comments:

- Please follow-up with me after you've seen the student.