

# Instructor/Counselor Referral

## Disability Resource Center

College of San Mateo  
Building 10, Room 120  
(650) 574-6438

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

Date of Referral \_\_\_\_\_

Student Name \_\_\_\_\_

Student G# \_\_\_\_\_

Referred By \_\_\_\_\_

Class and Section \_\_\_\_\_

### Reason for Referral

- Difficulties learning (effort does not match results)
- Emotional/psychological concerns
- Behavior issues
- Mobility difficulties
- Visual difficulties
- IEP or 504 plan in high school

### The following characterize the student's performance

- Significant difference between class performance and test performance
- History of having to repeat math or English courses
- Academic probation or dismissal status
- Other: Please explain \_\_\_\_\_