

## Referral for Disability Services Student Learning & Wellness

The information is collected under the authority of the *Colleges Act*, and Section 32(c) of the *Freedom of Information and Protection of Privacy Act*. The information is protected under the Act. If you have any questions about the collection of the information, please contact Student Learning & Wellness at 644-6055.

Student: \_\_\_\_\_ ID#: \_\_\_\_\_

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

Referring Instructor/Counsellor: \_\_\_\_\_

Courses: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Suggested Services from Student Learning & Wellness:

Assessment  Learning Strategist  Assistive Technology  Accommodation  Specialized courses

### Instructor/Counsellor Observations and Student Information

<p><b>Section A: Knowledge &amp; Skills (check problem areas and add comments)</b></p> <p><b>1. Reading Difficulty</b></p> <p><input type="checkbox"/> Comprehension  <input type="checkbox"/> Rate</p> <p><input type="checkbox"/> Understanding text and organization</p> <p><input type="checkbox"/> Vocabulary  <input type="checkbox"/> Word attack</p> <p>Comments:</p>	<p><b>Section C: Observed Characteristics (check)</b></p> <p><input type="checkbox"/> Apparent discrepancy between potential and performance</p> <p><input type="checkbox"/> Appears to have difficulty seeing the board and/or materials</p> <p><input type="checkbox"/> Appears to have difficulty hearing</p> <p><input type="checkbox"/> Is physically unable to sit or write for extended periods of time</p> <p><input type="checkbox"/> Appears to have health issues that affect attendance, motivation or performance</p> <p><input type="checkbox"/> Difficulties following written directions</p> <p><input type="checkbox"/> Difficulties following aural instructions</p> <p><input type="checkbox"/> Difficulties with oral expression</p> <p><input type="checkbox"/> Difficulties with motor skills (handwriting)</p> <p><input type="checkbox"/> Apparent learning strengths and limitations (briefly explain)</p>
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