



DISABILITY
SUPPORT PROGRAMS
AND SERVICES

Student Referral to DSPS Program

miradsps@sdccd.edu

Date _____

_____ is having difficulty in
(Student's Name) (ID#)

_____. I have discussed my concerns with
(Course Title/Class Nbr)

this student and have suggested that speaking with a DSPS counselor might be helpful. The student and I have concerns about the following:

- | | |
|-------------------------------|----------------------------|
| _____ organizing ideas | _____ oral expression |
| _____ listening comprehension | _____ written expression |
| _____ reading (phonics) | _____ following directions |
| _____ reading (comprehension) | _____ math computation |
| _____ mobility | _____ math reasoning |
| _____ other _____ | |

Referring Personnel _____ Email _____ Phone # _____

Please have the student email this form to the DSPS Office (miradsps@sdccd.edu) and to make an appointment with a Counselor.

DSPS Counselor contacted Referring Personnel: _____

Date: _____