



**DISABILITY SUPPORT PROGRAMS AND SERVICES  
SAN DIEGO MIRAMAR COLLEGE**  
10440 Black Mountain Road C-304  
San Diego, CA 92126  
619-388-7312 or 858-536-7212  
TDD: 619-388-7301 FAX: 619-388-7917



**Student Referral to DSPS Program**

Referring Personnel \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

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

\_\_\_\_\_. I have discussed my concerns with  
(Course Title/CRN #)

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 Title Phone #

Please have the student bring this form to the DSPS Office to make an appointment with a Counselor. We will respond to your referral by returning the lower portion of this form or by Email (if other than District Email: \_\_\_\_\_).

\_\_\_\_\_  
Referring Personnel Date

Thank you for referring \_\_\_\_\_. We appreciate your interest in this student's academic success.

- This student:
- \_\_\_\_\_ Scheduled an appointment and attended.
  - \_\_\_\_\_ Scheduled an appointment, but did not attend.

\_\_\_\_\_  
DSPS Counselor/LD Specialist