



Student Referral to DSPS Program

K-204 (619) 388-7312 or (858) 536-7212

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

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