

**REFERRAL FORM FOR ADULTS WITH LEARNING DIFFICULTIES WHO ARE
REQUESTING ACCOMMODATIONS ON STANDARDIZED TESTING**

FACILITY: _____

TO: Name _____
(Education Supervisor or DSP if offender is referring him/herself)

FROM: _____
(Person making referral)

DATE:

OFFENDER'S NAME _____ DIN# _____

Please indicate your reasons for believing this student has a difficulty:
(If this is a self-referral, please state the reasons why you believe you have a learning difficulty)

List any test results, records or reports upon which the referral is based:

Describe any prior attempts to remediate the offender's performance or reasons why remediation was not attempted:

(Send the complete form to the Assistant Director of Academic Education with a copy to the DSP)