

Request for Academic Needs Assessment

Office of Disability Services ODS

If you question why a student in your class is not making academic progress consistent with preparation and effort or if you judge that success is inhibited by difficulty with comprehension, processing and/or concentration, we invite you to refer the student to ODS for Academic Assessment and support.

**Before a referral is made, please be sure to confer with the student focusing the discussion on academic skills as the reason for referral, and avoid generalizing or labeling student behavior.*

Referred students will be contacted by a Learning Specialist who will assess their academic needs and recommend support services such as: classroom accommodations, learning labs, tutoring, mentoring, and counseling

Please complete the form below and return to: Office of Disability Services, B104, **attention Susan Boissoneault.**

Name of student: _____ ID _____ - _____ - _____		
Course: _____ Date: _____		
Briefly describe your observations regarding the student's academic difficulties in your class. Please discuss academic skills only.		

(Please check off academic areas of concern)		
_____ Reading skills	_____ Study skills	_____ Classroom participation
_____ Writing skills	_____ Time management	_____ Language skills
_____ Math skills	_____ Note-taking	_____ Test-taking skills
Referred by: _____	Extension: _____	



Screened by: _____		
Date: _____		
DS <input type="checkbox"/>	FA <input type="checkbox"/>	PS <input type="checkbox"/>
TS <input type="checkbox"/>	TC <input type="checkbox"/>	PC <input type="checkbox"/>