Accessibility Center Confluence – Room 121 Campus Box 400 PO Box 173363 Denver, CO 80217-3363 Fax: 303-352-3003

Fax: 303-352-3003 Phone: 303-556-3300 Email: ccd.access@ccd.edu



Assistive Technology Evaluation and Training Referral Form

Name:				
First S#: S		M.I.	Last	
5 #: 5		Pnone #: _		
		y email CCD will accept for co		@student.cccs.edu
I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.				
Student: Print Name			Signature	Date
Date:		CTE? Yes	No Major:	
Enrolled Semester:		Accessibility Specialist Name/Phone:		
Underline All That Apply:	DEAF	BLIND	LOW VISION	ADD/ADHD
HEALTH ISSUES	LD	ORTHOPEDIC	MENTAL ILLNESS	ТВІ
In my opinion, the student struggles in the following areas (feel free to elaborate):				
Reading (decoding)				
Reading comprehension				
Writing skills				
Organizing thoughts				
Study habits				
Typing/Computer skills				
Focusing/Concentration				
Memory				
Expressing Thoughts x putting thoughts into phrases				
Other:				
Physical Accommodations needed in the AT Lab:				