San Jacinto 951-487-3481

Menifee 951-639-5491

Indicators of Learning Disabilities Referral/Information Form

(To be completed by Instructor/Counselor)

Student:		_ Date:	_ Semester:
Referred By	r	_ Dept.:	
Course:			
Please give completed form to student to bring to Learning Disabilities Specialist or send to Idspecialist@msjc.edu Please check those behaviors you have observed:			
A.	Areas of strength for this student ☐ Organizing ☐ Problem solving ☐ Note-taking ☐ Reasoning/Logic ☐ In-class communications with me and/or or ☐ Memory for information just heard/read ☐ Memory over time ☐ Attention/concentration ☐ Attendance ☐ Following written directions ☐ Following verbal directions ☐ Classroom/group participation ☐ Attends to and follows lecture ☐ Test scores	thers	
В.	□ Written work (spelling, grammar, punctuati □ Other (please specify)	or this student ng still ntence structure or cussions ity me rk assignments	mechanics