

# Request for Academic Needs Assessment

## Office of Disability Services

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 them to the 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, L109, **attention Susan Boissoneault.**  
**FAX: 508.730.3297**

Name of student: \_\_\_\_\_ ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Briefly describe your observations regarding the student's academic difficulties in your class. Please discuss academic skills only.

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(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"/>