

Washtenaw Community College
Learning Support Services-LA104
4800 East Huron River Drive
Ann Arbor, MI 48105-4800

TEL: (734) 973-3342
FAX: (734) 477-8517
<http://www.wccnet.edu>

LEARNING DISABILITY ASSESSMENT REFERRAL FORM

This form serves as a request for a consult with a Learning Disability (LD) Specialist. Once this form is filled out and turned in, a Learning Disability Specialist will contact you within 5 business days. The LD Specialist will determine if an evaluation is necessary during the consult appointment.

NAME: _____ DATE: _____

STUDENT ID #: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

City State Zip

PHONE NUMBER:(____)_____

E-MAIL ADDRESS: _____

Are you a registered student at Washtenaw Community College: ____Yes ____No
(If no, you do not need to complete this form as you are not eligible for testing services)

Are you an ESL student? ____Yes ____No

If yes, what classes are you enrolled in?

Is this your last semester at Washtenaw Community College? ____Yes ____No

Have you ever been diagnosed with a Learning Disability before? ____Yes ____No

If yes, when? _____

REASON FOR REQUEST (brief statement):

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For Office Use Only:

Assigned LD Specialist: _____

Date of Contact: _____ Appointment Date: _____

Notes: _____

Complete and return form to Learning Support Services
FAX copies will be accepted
See address - top of form