

ADA Services Student Referral Form

Today's Date: ____ / ____ / ____

Student Name: _____

HCC ID: 9000 - ____ - ____ - ____ - ____ Not enrolled yet

Best way to reach student: (Check all that apply and provide contact info)

Cell phone (____) _____ - _____

Home phone (____) _____ - _____

Email: _____ @ _____

Other: _____

Disability related concern:

Desired outcome of referral:

HCC Employee Name/Community Agency: _____

Position: _____ Office #/Dept: _____

How would you prefer to be contacted with a question or if the student cannot be reached?

Cell phone (____) _____ - _____

Home phone (____) _____ - _____

Email: _____ @ _____

Other: _____

When did you refer the student to ADA Services? _____

To the best of your knowledge, is the student already familiar with ADA Services?

Yes

No

Unknown

Deliver or send completed form via HCC Campus Mail to:

Caley Marten - M 104/#24

Please contact Caley Marten, 815.599.3605 or caley.marten@highland.edu with questions/comments.