

Granite State College

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

Student Disability Referral Form

This referral form is to be completed by a Staff member or Faculty member and submitted to the Student Disability Services Coordinator on behalf of a student who meets ALL of the criteria outlined below.

Criteria

1. Student voluntarily self-disclosed a disability to you, the Staff member or Faculty member.
2. You, the Staff or Faculty member informed the student, per their self-disclosure, that Granite State College has Disability Services.

This referral form should be filled out, saved, attached to an email, and submitted to the Student Disability Coordinator via disabilities coordinator email: GSC.SDS@granite.edu.

The subject line within the email should read: "Staff SDS Referral" or "Faculty SDS Referral".

Referring person name _____

Student name _____

Student email _____

Student phone _____

Did the student self-disclose a disability to you?	Yes	No
Did you send information email and offer referral?	Yes	No
Did the student agree to referral?	Yes	No

Follow up Expectations

The Staff or Faculty member can expect a reply email from SDS Tina Underwood, confirming that their referral has been received. Incorrectly completed forms will be emailed back to the Staff or Faculty member for correction and resubmission. Because disability information is confidential, please do not notate information pertaining to a student's disability in any database

Students can expect to receive an email correspondence from the SDS Coordinator within 2 business days of receipt of the referral. The SDS email correspondence to the student will include information about Disability Services, SDS Application Forms, and our contact information.