

# ADAPTIVE LAB REFERRAL FORM

_____ <b>Student Name</b>	_____ <b>ID</b>
_____ <b>Student Contact Information</b>	_____ <b>Term</b>

<b>STUDENT SCHEDULE</b>	<b>INSTRUCTOR</b>
_____	_____
_____	_____
_____	_____
_____	_____

**FUNCTIONAL LIMITATION:** \_\_\_\_\_

**Anticipated Lab Needs:**

- |   |  |
|---|--|
| <input type="checkbox"/> RFB&D/ALTERNATIVE TEXTBOOKS ON AUDIO                   | <input type="checkbox"/> BRAILLE                       |
| <input type="checkbox"/> SPEECH RECOGNITION ( <i>Dragon NaturallySpeaking</i> ) | <input type="checkbox"/> SCREEN READER ( <i>JAWS</i> ) |
| <input type="checkbox"/> KURZWEIL READING PROGRAM                               | <input type="checkbox"/> ZOOM TEXT                     |
| <input type="checkbox"/> OTHER _____  | <input type="checkbox"/> TEST ( <i>Kurzweil3000</i> )  |

I authorize the Adaptive Lab Specialist to view my documentation relevant to my adaptive needs. This permission will be valid for current term and can be revoked at any time.

\_\_\_\_\_  
*Student Signature* Date

\_\_\_\_\_  
*Staff Signature* Date