## ADAPTIVE LAB REFERRAL FORM

**Student Name**  

**ID**

**Student Contact Information**  

**Term**

### STUDENT SCHEDULE  

**INSTRUCTOR**

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<th>Time</th>
<th>Course</th>
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### FUNCTIONAL LIMITATION:

__________________________________________________________________________

### Anticipated Lab Needs:

- [ ] RFB&D/ALTERNATIVE TEXTBOOKS ON AUDIO  
- [ ] SPEECH RECOGNITION (*Dragon NaturallySpeaking*)
- [ ] Kurzweil Reading Program
- [ ] OTHER _____________________________  
- [ ] BRAILLE
- [ ] SCREEN READER (*JAWS*)
- [ ] ZOOM TEXT
- [ ] TEST (*Kurzweil3000*)

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.

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**Student Signature**  

**Date**

**Staff Signature**  

**Date**