

ASSISTIVE COMPUTING RESOURCE CENTER REFERRAL
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name _____ Date _____

CSUSB Email: _____ @csusb.edu Coyote ID# _____

Contact Phone: _____ (circle one) home work cell

SSD Counselor _____ Phone _____

DOR Counselor _____ Phone _____

Feedback Requested

AT Type: _____

Referral Type: _____

- Dragon
- JAWS
- OpenBook

- WYNN
- ZoomText
- Other _____

- Assessment
- Mobile Cart
- Training

Comments: _____

Mobile Cart Request

Complete only if student requires mobile cart accommodation.

(Example: Eng 306, 25624-01, Smith, 8-9:10, UH 106)

Course	Instructor	Instructor Phone#	Day/Time/Location
_____	_____	_____	_____
Duration			