



EAST REGION
ADULT EDUCATION
Education That Works

Adult Students with Disabilities
Self-Referral Form

Date: _____

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Primary Language: English ☐ Yes ☐ No Other Primary Language: _____

What is your Educational Goal?

- | | |
|--|--|
| <input type="checkbox"/> Associate Degree & Transfer | <input type="checkbox"/> Transfer only |
| <input type="checkbox"/> Associate Degree only | <input type="checkbox"/> Vocational Certificate |
| <input type="checkbox"/> Career goal development | <input type="checkbox"/> Job skills development |
| <input type="checkbox"/> Personal development (including health/AES) | <input type="checkbox"/> Basic skills (i.e. English, Math) |
| <input type="checkbox"/> Credits for High School Diploma/GED | <input type="checkbox"/> Undecided |

Major/Area of Study: _____

Are you a current Dept. of Rehabilitation client? ☐ Yes ☐ No

DOR Counselor: _____ Phone #: _____

Are you a current Regional Center client? ☐ Yes ☐ No

Case Manager: _____ Phone #: _____

Do you have or have you had any of the following? Mark all that apply.

- ☐ Special Education Services/Individual Education Plan (IEP) ☐ 504 Plan
- ☐ Other (describe): _____

How would you describe your disability(ies)? Mark all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquired brain injury/TBI | <input type="checkbox"/> Speech and Language disability | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Physical disability (medical) | <input type="checkbox"/> Mental health disability |
| <input type="checkbox"/> Vision impairment/ Blind | <input type="checkbox"/> Autism Spectrum Disorder(ASD) | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Asperger Syndrome |
| <input type="checkbox"/> Other Disability | <input type="checkbox"/> I don't know | |

Explain: _____

Do you have documentation verifying disability(ies)? ☐ Yes ☐ No

If no, can a licensed professional verify disability(ies)? ☐ Yes ☐ No

Do you require the use of a service animal? ☐ Yes ☐ No

Do you use Assistive Technology (list or describe)? _____

For Office Use Only

Referred by: _____

Contact Name: _____ Title: _____

Phone #: _____ Email: _____

Referral to : ☐ Grossmont College ☐ Cuyamaca College ☐ Grossmont Adult Education

Assessment results: English _____ Math _____

Adult School Placement: Reading _____ Writing _____ Math _____

Action Taken/ Additional Comments:

