



TEACHER/COUNSELOR REFERRAL FORM

DEMOGRAPHIC INFORMATION

Teacher/Counselor Last Name: _____ First: _____
Student Last Name: _____ First: _____ MI: _____
High School or Agency Name: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Teacher/Counselor Email Address: _____

Access BSC is a one week program hosted at Buffalo State College for pre-collegiate students with learning differences. During this time students will learn time management skills, note taking skills and apps, understand their functional abilities and get familiar with assistive technologies commonly used in higher education. They will also be working in small groups with mentors who are currently students at the college.

Please briefly state how the student you are referring will benefit from attending the Access BSC program at Buffalo State College:

Signature: _____ Date: _____

Please provide completed form to the **student** you are referring or mail completed form(s) to:

Buffalo State College
Student Accessibility Services
120 South Wing
1300 Elmwood Ave
Buffalo, NY 14222
Email: accessbsc@buffalostate.edu