



*Teacher/Administrator Referral*

**Please type or print clearly using a blue or black pen.**

Applicant's name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of teacher or school administrator: \_\_\_\_\_

Title and department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The student whose name appears above is applying for an achievement award for students with print disabilities (visual impairments, learning disabilities and/or physical disabilities). This award is presented by the Regional Unit of Texas for Recording for the Blind & Dyslexic<sup>®</sup> to outstanding students in recognition of their academic accomplishments and personal achievements.

The selection committee will review your assessment of the applicant's academic performance, abilities and personal qualities. Provide specific information about the applicant, such as: his/her talents, dedication, perseverance, achievements, or how he/she serves as a role model for other students. Please use additional sheets or attach this form to a letter.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be mailed with the candidate's personal application and a copy of the student's latest transcript or report card, postmarked by **December 15, 2006**.

*Please contact Priscilla Bellamy, Regional Outreach Coordinator,  
at (512) 323-9390 or [Priscilla@rfdtexas.org](mailto:Priscilla@rfdtexas.org) with any questions.*