

Part One: Disability Services Documentation Completed by Evaluator

Students requesting accommodations from Disability Services due to a learning disability must provide current and comprehensive documentation of the learning disability from a qualified **professional**. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist who is not a family member of the student.

In order to be considered current, an evaluation performed before the age of 18 should have been performed within 3 years prior to the student's request for accommodation(s). An evaluation performed during or after the age of 18 should be no more 5 years old. If an evaluation is performed outside of Disability Service's documentation policy, the documentation will be evaluated for completeness on a case-by-case basis.

The documentation provided must include information that diagnoses a learning disability, describes the functional limitations in an educational setting, includes appropriate testing as outlined in #5 below and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodations.

The following information is a guide to what must be contained in the documentation.

- 1. Diagnosis (as diagnosed by the DSM-5)
- 2. Level of Severity: Mild/Moderate/Severe
- 3. Date of Diagnosis
- 4. Date of Last Contact with Student
- 5. One of each of the following **MUST** be included in the documentation.

Diagnostic Interview (including history)

Aptitude – Suggested Tests Include: Wechsler Adult Intelligence Scale-IV Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability Kaufman Adolescent and Adult Intelligence Stanford-Binet Intelligence Scale (4th Ed.)

Achievement – Suggested **Tests Include:**

Scholastic Abilities Test for Adults Stanford Test of Academic Skills Woodcock-Johnson Psychoeducational Battery-Revised: Test of Achievement Wechsler Individual Achievement Test Information Processing (if applicable)

***note:** screening instruments such as the WRAT, or abbreviated testing instruments do not provide enough detailed information and will not be sufficient to determine eligibility and accommodations.

The documentation should also contain the following information:

- 6. A summary of the student's educational, medical, and family history that may relate to the learning disability (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction)
- 7. The symptoms which meet the criteria for the DSM-5 diagnosis with the approximate date of onset
- 8. The student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting:
- 9. **RECOMMENDATIONS** you have regarding appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at LSUA as justified based on the functional limitations indicated above.

Louisiana State University of Alexandria

Disability Services Room W209A, Student Center 8100 Hwy US 71 South Alexandria, LA 71302 disabilityservices@lsua.edu 318-427-0137

Part Two: Accommodations Request Completed by Student

| Student's Name: | |
|--|---|
| Phone Number: | Date of Birth: |
| When did you start attending LSUA? Semeste | r: Year: |
| LSUA ID Number: L | SUA Email: |
| I am requesting accommodations because I following disabilities, which functionally im environment (check all that apply): | have been diagnosed with one or more of the pairs my ability to perform in an academic |
| Attention Deficit Hyperactivity Disorder (AD | HD) |
| Learning Disability | |
| Deaf & Hard of Hearing | |
| Psychological Disability (specify): | |
| Physical or Medical Disability (specify): | |
| Temporary Disability (specify): | |
| In the space below, please list and explain the space below, please list and explain the space below. | he reason for each requested accommodation. |
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| Signature of Student: | Date: |