

Services for Students with Disabilities

Learning Disability Documentation Requirements

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide **current** documentation of their disability. This documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and that it substantially limits some major life activity, including learning. The documentation must show how the disability impacts the major life activity of learning, and if you are requesting accommodations, academic adjustments and/or auxiliary aids, the documentation must support your request.

The following format should facilitate this information gathering. Appropriate services will be determined based on the specific information provided.

Please submit the signed Release of Information and required evaluation reports to:

RELEASE OF INFORMATION

Student ID: _____ I am attending: UW-Eau Claire _____ UW-Barron County _____

I, _____, hereby authorize the release of requested information to the **Services for Students with Disabilities Office** at the **University of Wisconsin-Eau Claire** for the purpose of determining my eligibility for educational accommodation.

Date

Student Signature

I understand that, in accordance with federal privacy laws, information regarding my disability will be maintained confidentially and shared only on a "need to know" basis. University employees and SSD student employees may become aware of my approved accommodations to facilitate the provision of services.

Signature: _____

Date: _____

Please note that this form must be completed by a licensed physician, psychologist or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual to whom this information applies.

Learning Disability Verification Form

Please complete all components of this form. Inadequate or incomplete information and/or illegible handwriting will delay the eligibility review process.

Student Name _____ **Date** _____

Diagnosis (Specify subtype) _____

Date of Diagnosis _____ **Date of Last Appointment** _____

Resulting Impact to a Major Life Activity

Complete the following by comparing patient/student to same age peers in the general population.

Limitation is: 0 = None/Unknown 1 = Mild/Moderate 2 = Substantial/Severe											
0	1	2	Major Life Activity		0	1	2	Major Life Activity			
			Caring for oneself					Speaking			
			Performing manual tasks					Breathing			
			Seeing					Learning			
			Hearing					Reading			
			Eating					Concentrating			
			Sleeping					Thinking			
			Walking/Standing					Other:			
			Lifting/Carrying/Bending					Other:			
			Working					Other:			

Please assess degree of functional impairment due to Learning Disability:

1 = Negligible/Mild 2 = Moderate 3 = Substantial 4 = Severe				
	1	2	3	4
Time Management				
Organizational skills (physical and/or cognitive)				
Attention and Focus				
Concentration to detail				
Task persistence				
Executive functioning				
Memory skills				
Reading (fluency, comprehension)				
Quantitative (Math) skills				
Written Expression				

Functional limitations and recommendations for accommodation within an academic environment:

(*Disability-related accommodations in an educational environment are intended to ensure equal access and should be based on medical assessment procedures or thorough clinical interviews and observations.)

Functional limitation in an <u>academic environment</u>.	Recommended <u>academic</u> accommodation.

What methods or testing instruments did you use to arrive at your diagnosis/recommendations? Please check all relevant items. **ATTACH all relevant records/reports* documenting and interpreting this data.**

- | | |
|--|--|
| <input type="checkbox"/> Structured or unstructured clinical interviews with the student | <input type="checkbox"/> Interviews with other individuals |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Standardized &/or <input type="checkbox"/> Non-standardized Rating Scales | <input type="checkbox"/> Neuropsychological/Psycho-educational Testing |
| <input type="checkbox"/> Other (please specify): | |

*See attached for complete description of the type of evaluation information that is most meaningful when determining reasonable accommodations for students with a Learning Disability.

Licensed Professional information/Credentials Contact information must be legible.

Name (print):	Clinic/Agency Name if applicable:
Title/Professional Credentials	License #
Street Address:	Phone #
City/State/Zip	Fax #
Licensed Professional's Signature	<i>Thank you</i>

Guidelines for Disability Documentation for Learning Disability

The information has been adapted from the Policy Statement of the Educational Testing Service for Documentation of a Learning Disability in Adolescents and Adults which has also been approved for use by the Association of Higher Education and Disability.

For the purpose of providing accommodations, the documentation must identify a significant discrepancy between ability and/or a cognitive discrepancy that is not attributable to other disabling conditions or environmental deprivations. Neuropsychological/psychoeducational testing can help determine the impact of the disability on the individual's functioning as well as provide supporting evidence of needs. The following requirements are provided to assure the learning disability documentation is appropriate to verify eligibility for accommodations, academic adjustments, and/or auxiliary aids. The office of Services for Students with Disabilities is responsible for reviewing disability documentation and determining reasonable accommodations in the post-secondary setting.

1. A licensed professional must conduct the evaluation. Diagnostic reports must include the names, titles and license numbers of the evaluators as well as the date(s) of testing.
2. Documentation must be current. In most cases, this means within the past three years, and older documentation will be reviewed on a case-by-case basis. The provision of services is based upon the current impact of the student's disability on learning in an academic setting. If changes have occurred in the student's performance since the last assessment, the student may be required to submit updated information.
3. Assessment must include a specific diagnosis. Nonspecific diagnoses, such as individual "learning styles," "academic problems," "slow reader," etc. do not constitute a learning disability. More than one assessment device should be administered for the purpose of diagnosis. Testing must address, at a minimum, the following three domains:
 - **APTITUDE/COGNITIVE ABILITY**
A complete intellectual assessment with all subtest and standard scores should be included. Assessment instruments may include but are not limited to: *Wechsler Adult Intelligence Scale – III*, *Stanford-Binet Tests of Intelligence – IV*, and *Woodcock-Johnson Tests of Cognitive Ability – III*.
 - **ACADEMIC ACHIEVEMENT**
Comprehensive assessment of current levels of academic functioning in reading, mathematics and written language are required. NOTE: *Wide Range Achievement Test (WRAT)* is not a comprehensive measure of achievement and, therefore, is not suitable for documentation.
 - **INFORMATION PROCESSING**
Specific areas of information processing should be assessed. Specific subscales of the *Wechsler Adult Intelligence Scale – III* or *Woodcock-Johnson Tests of Cognitive Ability – III* would be appropriate.
4. Each accommodation recommended by the evaluator must include a rationale. The diagnostic report must include specific recommendations for appropriate accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The recommended accommodations must be supported by specific test results or clinical observations.

Submit evaluation reports (on letterhead, dated, & signed) to:

Services for Students with Disabilities
University of Wisconsin-Eau Claire 105
Garfield Ave, P.O. Box 4004
Centennial Hall 2106
Eau Claire, WI 54702-4004
Fax: 715-318-5559
Email: SSD50@uwec.edu

Solution Center
University of Wisconsin-Barron County
1800 College Drive
Meggers Hall 161
Rice Lake, WI 54868
Fax: 715-234-8024
Email: uwecbeinfo@uwec.edu