# PART I DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY

## LEARNING DISABILITY DOCUMENTATION GUIDELINES

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 MUST 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 THAN 5 YEARS OLD. IF AN EVALUATION IS PERFORMED OUTSIDE OF DISABILITY SERVICES' DOCUMENTATION POLICY, THE DOCUMENTATION WILL BE EVALUATED FOR COMPLETENESS ON 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:

Weedsler Adult Intelligence Scale-IV
Woodcock Johnson Psychoeducational Batte

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, academic adjustments or other accommodations to equalize the student's educational opportunities at LSU as justified based on the functional limitations indicated above.

Disability Services Louisiana State University 124 Johnston Hall Baton Rouge, LA 70803 Phone: 225-578-5919

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## PART II TO BE COMPLETED BY STUDENT

### **DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY**

### REQUEST FOR ACCOMMODATIONS

Student's Name:				
Phone Number:	Date of Birth:			
LSU I.D. Number: _	LSU Email:			
LSU enrollment for v	which you are requesting acc	commodations (check	below):	
L	SU A&M (Main Campus)	LSU Law Center	Vet School	LSU Online
	Independent and Distance	Learning (Enrollmen	t #)	
	commodations because I ha ally impairs my ability to p			re of the following disabilities nt (check all that apply):
Attention Deficit H	Hyperactivity Disorder (ADF	ID)		
Learning Disability	<b>y</b>			
Deaf & Hard of He	earing			
Psychological Disa	ability (specify):			
Physical or Medica	al Disability (specify):			
Temporary Disabil	ity (specify):			
	please list and explain the			
Signature of Studen	t:		_ Date:	

\*Please note: Disability Services strongly recommends maintaining copies of any submitted documentation for personal records.