

# Learning Disability Accommodation Support Form

**NOTE: Please type or print your answers on this form.**

## Student Information

Student Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Local Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

---

**Student's Presenting Concerns.** Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Difficulty understanding material presented verbally                   | <input type="checkbox"/> Problems taking notes           |
| <input type="checkbox"/> Cannot seem to comprehend written material                             | <input type="checkbox"/> Difficulty in verbal expression |
| <input type="checkbox"/> Difficulty finishing exams in time allotted                            | <input type="checkbox"/> Difficulty with math            |
| <input type="checkbox"/> Experiences difficulty with spelling, grammar, appropriate punctuation |  |
- 

**Diagnosis.** Please check all that apply.

- Student was diagnosed with a learning disability in childhood.  
 There is no childhood diagnosis, but symptoms were present in childhood.  
 It is very likely that this student has a learning disability.  
 It is unlikely that this student's difficulties can be attributed to a learning disability.
- 

## Evaluation Tools

- |   |   |
|---|---|
| <input type="checkbox"/> Clinical Interview                       | <input type="checkbox"/> Review of academic records   |
| <input type="checkbox"/> Information from a 3 <sup>rd</sup> party | <input type="checkbox"/> Professional observation     |
| <input type="checkbox"/> Intelligence Testing                     | <input type="checkbox"/> Additional Cognitive Testing |
| <input type="checkbox"/> Achievement Testing                      |   |

Please attach test scores. Include any interpretive summary along with standard scores and percentile ranks.

---

## Cognitive Deficits

This student has significant deficits in the following areas (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Executive Functioning                                    | <input type="checkbox"/> Perception             |
| <input type="checkbox"/> Higher cognitive functioning (eg., insight and judgment) | <input type="checkbox"/> Psychomotor behavior   |
| <input type="checkbox"/> Focus, maintain and divide attention                     | <input type="checkbox"/> Recognizes things      |
| <input type="checkbox"/> Learns and remembers new things                          | <input type="checkbox"/> Groups things together |
| <input type="checkbox"/> Plans and regulates own activities                       | <input type="checkbox"/> Judges distances       |
| <input type="checkbox"/> Understands and uses language                            |   |
-

## Impact of Cognitive Deficits on Academic Achievement

Cognitive deficits impact functioning in an academic setting; please indicate to what degree this impacts the student.

### Written Language

Appears to fail to give close attention to detail	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Lack of sequence and structure in sentences	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Omits, adds or substitutes words in sentences	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Written expressive vocabulary lower than verbal expressive vocabulary	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

### Reading

Struggles with ability to sustain phonemic connections	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Difficulty decoding, remembering and retrieving information that is read	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

### Spelling

Cannot analyze singular sounds	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Spells phonetically	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Substitutes, omits, adds letters, prefixes or suffixes to words	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

### Math

Processing weaknesses in the following areas:

Computation skills	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Recognizing place value	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Long term recall of math facts	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Uses improper operational sign	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Sequencing steps to solve problems	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Difficulty with estimating	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Organizing numbers	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Difficulty with measurement	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

### Other

---

---

---

### Evidence of Impact

Please indicate in which settings the student reports difficulty.

Academic     Social     Occupational     Other

---

---

### Measures Taken to Rule Out Alternative Causes

Were steps taken to rule out alternative causes for this student's difficulties? \_\_\_\_\_

Are there any other possible reasons for this student's difficulties (i.e., additional diagnoses, chronic drug or alcohol use, poor study skills/habits, etc.)? \_\_\_\_\_

---

---

---

---

## Recommendations for Accommodations/Referrals

- Reduced distraction environment (semi-private room) for exams
  - Reduced distraction environment (private room) for exams
  - Extended time for exams (time and a half)
  - Reader for exams
  - Extended time for exams (double time)
  - Scribe for Scantron forms
  - Computer with spellcheck for essay exams
  - Audio format of required readings
  - Audio-taped lectures
  - Note taking assistance
  - Other \_\_\_\_\_
- 
- 

- Referral for personal counseling
  - Referral for test taking skills training
  - Referral for time management skills training
  - Referral for further assessment. Please indicate all that apply
    - Alcohol and drug
    - Depression
    - OCD
    - AD/HD
    - Anxiety
    - Other. Please list. \_\_\_\_\_
- 
- 

**Please attach the most recent psychoeducational assessment summary report & test scores!**

### Evaluator Information

Evaluator Name and email address: \_\_\_\_\_  
Evaluator Title: \_\_\_\_\_  
Evaluator Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_