Learning Disability Release Form

I, ________________________________ , request that specific, written documentation of my disability (evaluations, reports, or other data) be sent to:

University of New Orleans
2000 Lakeshore Drive
Office of Disability Services
New Orleans, LA 70148

_____________________________
Student Signature

_____________________________
Witness Signature

_____________________________
Date
LEARNING DISABILITY DOCUMENTATION REQUEST FORM

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND MUST BE TYPED OR LEGIBLY HAND-WRITTEN IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH DISABILITY SERVICES.

Student’s Name: ________________________________________________________________________________________
Date of Birth:  __________________________________________________________________________________________
Address:  ______________________________________________________________________________________________
Phone Number:  ________________________________________________________________________________________
Student ID Number:  ____________________________________________________________________________________

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Disability Services due to a learning disability. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University policy requires that a Qualified Professional provide specific, current and comprehensive documentation of the learning disability. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist, or a learning disability specialist, appropriately licensed in their state. **IN ORDER TO BE CONSIDERED CURRENT, AN EVALUATION PERFORMED BEFORE AGE 18 MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR TO THE STUDENT’S REQUEST FOR ACCOMMODATION (S). AN EVALUATION PERFORMED AT OR AFTER AGE 18 MUST BE NO MORE THAN 5 YEARS OLD.**

The documentation provided must include information that diagnoses a learning disability (as diagnosed by the DSM-IV), describes the functional limitations in an educational setting, includes appropriate testing as outlined in # 4 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.

To facilitate the gathering of such critical information, please respond legibly to the following questions and return to UNO, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): ____________________________________________________________
2. Level of Severity (Circle one): Mild Moderate Severe
3. Date of Diagnosis: ________________________  Date of Last Contact with Student:  _________________________
4. Please indicate the measures used to assess the following. **(You must attach a copy of the Diagnostic Report.)**
   Diagnostic Interview (including history) ______________________________________________________________

   **Aptitude - Must include one of the following tests.** Please check all tests that apply:
   ___ Weschler Adult Intelligence Scale-III
   ___ Kaufman Adolescent and Adult Intelligence
   ___ Stanford-Binet Intelligence Scale (5th ed.)

   **Achievement - Must include one of the following tests.** Please check all tests that apply:
   ___ Scholastic Abilities Test for Adults
   ___ Stanford Test of Academic Skills
   ___ Woodcock-Johnson Psychoeducational Battery-Revised III: Test of Achievement
   ___ Wechsler Individual Achievement Test

   Information Processing (if applicable)__________________________________________________________
Please Note: If the following information is not included in the diagnostic report, please complete items 5, 6, & 7.

5. Provide 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):
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

6. Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset: __________
   ______________________________________________________________________________
   ______________________________________________________________________________

7. Describe the student’s functional limitations in an educational setting as they relate to the requested accommodations/recommendations for academic accommodations: __________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

8. Please indicate the RECOMMENDATIONS you have auxiliary aids or services, academic adjustments or other accommodations to equalize the student’s educational opportunities at UNO. Please check all that apply:
   ___ alternative test format                       ___ extended time (1.5x, 2x)               ___ volunteer note taker
   ___ audio books                                  ___ no scantron                           ___ other_____________________
   ___ consideration for spelling                   ___ reader                               ___ scribe
   ___ distraction-reduced environment              ___ scribe
   for testing                                       ______________________________________________________________________________

9. In addition, you must attach the diagnostic report that includes all scores for the given tests, and describes other information relevant to this student’s academic adjustment(s) or accommodations.

Qualified Professional’s Signature: ______________________________________________________
Printed Name & Title: __________________________________________________________________
Daytime Telephone Number: _____________________________________________________________
Address: _____________________________________________________________________________
Date: _______________________________________________________________________________