LSUE | Office of Disability Services
PO Box 1129 • Eunice, LA 70535
Science Building Room 145
337-550-1204 • Fax 337-550-1268
www.lsue.edu/studentaffairs • ods@lsue.edu

# LEARNING DISABILITY DOCUMENTATION CHECKLIST

Documentation for each of the following ***MUST*** be included and attached with your request for accommodations for your request to be considered:

- ☐ **Diagnostic Interview** (including history)

- ☐ **Aptitude –** (*Suggested Tests Include)*:
  - Wechsler Adult Intelligence Scale-III
  - 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 may not be sufficient to determine eligibility for accommodations.*

Office of
Disability Services

PO Box 1129 • Eunice, LA 70535
Science Building Room 145
337-550-1204 • Fax 337-550-1268
www.lsue.edu/studentaffairs • ods@lsue.edu

# LEARNING DISABILITY DOCUMENTATION REQUEST FORM

*(TO BE COMPLETED BY QUALIFIED PROFESSIONAL)*

*When completing this form, please PRINT or TYPE and COMPLETE ALL FIELDS.*
*Incomplete forms will not be accepted.*

****** If you have a formal evaluation, please attach the documentation. ******

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. 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 current and comprehensive documentation of the disability. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified medical or mental health professional **who is not a family member of the student**. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S EVALUATION MUST BE WITHIN THREE (3) YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FOR DISABILITY ACCOMMODATIONS.**

**Student's Name: _____ LSUE ID Number: _____**

**Date of Birth: _____**

**Mailing Address _____ City & Zip Code _____**

**Phone Number: _____**

1. **Diagnosis (as diagnosed by the DSM-5)** _____

**2. Date of Diagnosis: _____ Date of Last Contact with Student: _____**

**3. For the purpose of determining academic adjustments, describe the severity and longevity of the substantial limitations due to a learning disability.**

**4. Describe the student's functional limitations in an educational setting** *(i.e., current and/or anticipated problems associated with the condition):*

**5. List current medication, along with any current side effects that may impact academic performance:**

6. **Please indicate the RECOMMENDATIONS you have regarding reasonable and appropriate auxiliary aids or services, academic adjustments or other accommodations to ensure equity for the student's academic success based on the functional limitations indicated above.**

**Please check all that apply:**

☐ Extended Time (1.5X) ☐ Distraction Reduced Environment

☐ Alternative Test Format ☐ Consideration for Absences ☐ No Scantron

☐ Books on Tape ☐ Enlarged Text (font size ___) ☐ Reader ☐ Scribe

☐ Other _____

**Qualified Professional's Signature: _____**

**Printed Name & Title: _____**

**Daytime Telephone Number: _____**

**Address _____ City & Zip _____**

**Date: _____**

**Submit this form and all necessary documentation via scan/email, fax, mail, or in person to:**

Office of Disability Services
Louisiana State University Eunice
PO BOX 1129 • Eunice, LA 70535
Science Building Room 145
Phone: 337-550-1204 • Fax: 337-550-1268
Email: ods@lsue.edu

LSUE | Office of Disability Services

PO Box 1129 • Eunice, LA 70535
Science Building Room 145
337-550-1204 • Fax 337-550-1268
www.lsue.edu/studentaffairs • ods@lsue.edu

# REQUEST FOR ACCOMMODATIONS

*(TO BE COMPLETED BY STUDENT)*

**Student's Name: _____ LSUE ID Number: _____**

**Date of Birth: _____ Phone Number: _____**

**Mailing Address _____**

**City & Zip Code _____**

**I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment (Check all that apply):**

☐ *Attention Deficit/Hyperactivity Disorder*
☐ *Learning Disability*
☐ *Psychological Disability*
☐ *Deaf & Hard of Hearing*
☐ *Physical or Systemic (Medical) Disability (specify):* _____

In the space below, list and explain the **reason for each of the accommodations** you are requesting. *What accommodations, if any, have you received in the past? (i.e. during high school etc.)* Please be as specific as possible.

**Signature of Student: _____ Date: _____**

*NOTE: The Office of Disability Services does not provide copies of any documentation. ODS strongly recommends maintaining copies of any submitted documentation for your personal records.*