

Xavier University of Louisiana

Office of Disability Services

LEARNING DISABILITY

Documentation Guidelines

This form must contain all the requested information and be typed or printed in order to apply for accommodations through the Office of Disability Services (ODS).

Student's Name: _____ Today's Date _____

Date of Birth: _____ Phone # _____ XU ID# _____

Address: _____ City _____ State _____ Zip _____

I hereby authorize the qualified professional to release to Xavier University of Louisiana's Office of Disability Services any pertinent information from my records related to the request below.

Signature of Student

Date

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

Students requesting accommodations from the Office of 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 or family friend 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:**

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 and accommodations.

Please Note: If the following information is not included in the diagnostic report, please complete items 6, 7, & 8.

6. 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):

7. Describe the symptoms which meet the criteria for the DSM-5 diagnosis with the approximate date of onset:

8. Describe the student's functional limitations in an educational setting:

9. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate services, academic adjustments or other accommodations to equalize the student's educational opportunities at Xavier University of Louisiana?

Please check all that apply:

<input type="checkbox"/> extended time (1.5x)	<input type="checkbox"/> alternative test format	<input type="checkbox"/> audiobooks
<input type="checkbox"/> distraction-reduced environment	<input type="checkbox"/> no scantron	
<input type="checkbox"/> other _____		

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

Please return this form directly to:

*Xavier University of Louisiana
Counseling and Wellness Center
Office of Disability Services
1 Drexel Drive Box D
New Orleans, LA 70125
Phone: (504) 520-7315
Fax: (504) 520-7943*

