



STATE UNIVERSITY OF NEW YORK

Accessibility Services
Technology Center, Room 8150
845-574-4541

LEARNING DISABILITY
DOCUMENTATION REQUEST FORM

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE TYPED OR PRINTED IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH THE OFFICE OF DISABILITY SERVICES.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Accessibility 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, College policy requires that current and comprehensive documentation of the learning disability be provided by a qualified professional. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist, and or a learning disability specialist. IN ORDER TO BE CONSIDERED CURRENT AN EVALUATION PERFORMED MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR BEFORE 18 YEARS OLD TO REQUEST FOR ACCOMMODATION(S). AN EVALUATION PERFORMED DURING OR AFTER AGE 18 MUST BE NO MORE THAN 5 YEARS OLD.

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 # 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 to the following questions and return to RCC, Accessibility Services.

1 . Diagnosis (as diagnosed by the DSM-5): \_\_\_\_\_

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. (**Also, 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
- \_\_\_\_\_ Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability
- \_\_\_\_\_ Kaufman Adolescent and Adult Intelligence
- \_\_\_\_\_ Stanford-Binet Intelligence Scale (4 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: Test of Achievement
- \_\_\_\_\_ Wechsler Individual Achievement Test

Information Processing (if applicable)

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**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):

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

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

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8. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at RCC.

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9. In addition, please attach the diagnostic report which includes all scores for the given tests, and describe other information relevant to this student's academic adjustments(s) or accommodations.

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Signature of Qualified Professional

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Date

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Qualified Professional's Name & Title (Printed)

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License #

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Address

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Phone #

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Fax