

**Jefferson Community College
Scanlon Learning and Success Center**

Documentation Form for a Learning Disability

This form is intended to assist an evaluator who is documenting a specific learning disability for a JCC student. Please complete all sections of this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning and Success Center for review. Please refer to the attached guidelines for more information in regard to each of the following sections.

Student Name: _____ **DOB:** _____

Evaluator Information

Title and practice name: _____
Name and credentials: _____
Mailing address: _____
Telephone number: _____ Fax number: _____
E-mail address: _____

Diagnosis and Supporting Criteria

Please state the DSM-IV diagnosis and include references to testing or clinical data that substantiate the finding.

Requested Accommodation(s)

Please place a checkmark next to each accommodation(s) that is being requested for this student. Please explain why this accommodation is being recommended.

_____ **Extended time to complete exams**, please specify _____ (e.g. 1.5 times the allotted exam period)
Explanation for recommendation: _____

_____ **Exams/quizzes in a separate location**
Explanation for recommendation: _____

_____ **Exams/quizzes read orally**
Explanation for recommendation: _____

_____ **Books on tape/disc**
Explanation for recommendation: _____

_____ **Enlarged text**
Explanation for recommendation: _____

_____ **Tape-recorded lectures** (in lieu of paper notes for students with mobility or cognitive impairments)
Explanation for recommendation: _____

_____ **Notetakers** (hard copy generally restricted to ADHD and auditory impairment and/or auditory processing disorders)
Explanation for recommendation: _____

_____ **Scribe for exams**

Explanation for recommendation: _____

_____ **Word processor**

Explanation for recommendation: _____

_____ **Interpreting Services**

Explanation for recommendation: _____

_____ **Calculator/Math Tables**

Explanation for recommendation: _____

_____ **Assistive Technology**

Explanation for recommendation: _____

_____ **Other accommodations** (please feel free to append pages)

Explanation for recommendation: _____

Testing Instruments (all documents must be attached, subtest scenes must be included)

Please list the name of the aptitude test administered, all subtest names, and the dates of administration:

Verbal IQ Score _____ Performance IQ Score _____ Full-Scale IQ Score _____

Please list the names of all **achievement tests** used, subtest names where applicable, and dates of administration:

Please list the names of all **information-processing** tests used and dates of administration:

Please list the names of all **other tests** used and dates of administration:

Please comment on this student's **strengths and weaknesses** as indicated by the results of your testing that will aid in the appropriate design and delivery of academic and/or accommodative services (feel free to append an additional page):

Evaluator's signature

Date

If you have questions, please feel free to contact Tanya Hoistion, JCC Disability Specialist, at (315) 786-2335 or thoistion@sunyjefferson.edu.

(Last revised 1/2010)