

**Jefferson Community College  
Scanlon Learning Skills 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 on this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning Skills 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**

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**

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: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Use of a word processor/spellchecker**  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Use of a calculator/math tables**  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Interpreting services**  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Other accommodations** (please feel free to append pages)  
Explanation for recommendation: \_\_\_\_\_  
\_\_\_\_\_

**Testing Instruments**

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 signature

\_\_\_\_\_  
Date

*If you have questions, please feel free to contact Sheree Trainham, JCC Disability Specialist, at (315) 786-2335.*