

**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):

