

## **Requirements for Reports Documenting Learning Disabilities**

Western Illinois University's office of Disability Support Services (DSS) facilitates accommodations and services for qualified students with disabilities enrolled at Western. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) protects students from discrimination on the basis of disability and ensures the provision of reasonable accommodations. The following documentation guidelines establish that a student is eligible for accommodations and services under these laws, demonstrate that the disability produces a significant, functional impact on a major life activity, and support the student's request for accommodations. **All professional reports should be type-written on professional letterhead, dated and signed.**

### **A. Qualified Evaluator**

Professionals conducting assessments and rendering diagnoses of specific learning disabilities must have comprehensive training and relevant experience with evaluating adults with LD (psychologists, neuropsychologist, educational psychologists, etc.).

### **B. Current Documentation**

DSS professionals must be able to ascertain the current impact of the condition in order to determine appropriate accommodations. Therefore, a comprehensive assessment of the condition must be recent (no more than 3 years old).

### **C. Comprehensive Report**

A comprehensive report should include the following information:

- Presenting concerns
- Developmental, educational, and accommodation history
- Tests of IQ, information processing and academic achievement (see reverse side for examples of these tests)
- Interpretive summary of testing
- Definitive diagnostic statement

An Individualized Education Plan (IEP) or Individualized Transition Plan (ITP) does not meet documentation requirements.

### **D. Need for Accommodations**

The report should describe the current and significant functional limitations that warrant accommodations and contain recommendations for accommodations that are directly linked to those limitations. Accommodations are not provided for areas of weakness or mild conditions.

## **Intelligence Testing**

Wechsler Adult Intelligence Scale (WAIS-III)  
Wechsler Intelligence Scale for Children (WISC-III)  
Kaufman Adolescent and Adult Intelligence Test  
Stanford-Binet, Fourth Edition  
Woodcock-Johnson-III-Tests of Cognitive Abilities

## **Information Processing**

Benton Visual Retention Test  
California Verbal Learning Test-II  
Category Test  
Continuous Performance Test  
Detroit Tests of learning Aptitude-Adult (DTLA-A)  
Detroit Tests of learning Aptitude-3 (DTLA-3)  
Halstead-Reitan Neuropsychological Test Battery  
Rey AVLT  
Rey-Osterrieth Complex Figure Test  
Stanford-Binet Proverbs-Analogies-Essential Differences  
Sentence Repetition  
Stroop Interference Test  
Trail Making Test  
Wechsler Memory Scale III (WMS-III)  
Wisconsin Card Sorting Test  
Word Fluency

## **Academic Achievement Tests**

Advanced Reading Inventory  
Scholastic Abilities Test for Adults (SATA)  
Stanford Test of Academic Skills (TASK)  
Wechsler Individual Achievement Test-II (WIAT-II)  
Woodcock-Johnson-III Tests of Achievement  
Nelson-Denny Reading Test  
Stanford Diagnostic Mathematics Test  
Woodcock Reading Mastery Tests-Revised

**Professional Evaluator's Documentation Checklist:**  
**Learning Disability**

**Student Information**

Student Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Local Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

---

---

**Student's Presenting Concerns**

Please check all that apply.

Difficulty understanding material presented verbally       Problems taking notes  
 Cannot seem to comprehend written material       Difficulty in verbal expression  
 Difficulty finishing exams in time allotted       Difficulty with math  
 Experiences difficulty with spelling, grammar, appropriate punctuation

---

---

**Diagnosis**

Please check all that apply.

Student was diagnosed with a learning disability in childhood.  
 There is no childhood diagnosis, but symptoms were present in childhood.  
 It is very likely that this student has a learning disability.  
 It is unlikely that this student's difficulties can be attributed to a learning disability.

---

---

**Evaluation Tools**

Clinical Interview       Review of academic records  
 Information from a 3<sup>rd</sup> party       Professional observation  
 Intelligence Testing. Please list. \_\_\_\_\_

---

---

Additional Cognitive Testing. Please list. \_\_\_\_\_

---

---

Achievement Testing. Please list. \_\_\_\_\_

---

---

Please attach test scores. Include any interpretive summary along with standard scores and percentile ranks.

---

---

## Cognitive Deficits

This student has significant deficits in the following areas (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Executive Functioning<br><input type="checkbox"/> Higher cognitive functioning (eg., insight and judgment)<br><input type="checkbox"/> Focus, maintain and divide attention<br><input type="checkbox"/> Learns and remembers new things<br><input type="checkbox"/> Plans and regulates own activities<br><input type="checkbox"/> Understands and uses language | <input type="checkbox"/> Perception<br><input type="checkbox"/> Psychomotor behavior<br><input type="checkbox"/> Recognizes things<br><input type="checkbox"/> Groups things together<br><input type="checkbox"/> Judges distances |
|---|--|

### Impact of Cognitive Deficits on Academic Achievement

Cognitive deficits impact functioning in an academic setting; please indicate to what degree this impacts the student.

#### Written Language

Appears to fail to give close attention to detail	mild	moderate	severe
Lack of sequence and structure in sentences	mild	moderate	severe
Omits, adds or substitutes words in sentences	mild	moderate	severe
Written expressive vocabulary lower than verbal expressive vocabulary	mild	moderate	severe

#### Reading

Struggles with ability to sustain phonemic connections	mild	moderate	severe
Difficulty decoding, remembering and retrieving information that is read	mild	moderate	severe

#### Spelling

Cannot analyze singular sounds	mild	moderate	severe
Spells phonetically	mild	moderate	severe
Substitutes, omits, adds letters, prefixes or suffixes to words	mild	moderate	severe

#### Math

Processing weaknesses in the following areas:			
Computation skills	mild	moderate	severe
Recognizing place value	mild	moderate	severe
Long term recall of math facts	mild	moderate	severe
Uses improper operational sign	mild	moderate	severe
Sequencing steps to solve problems	mild	moderate	severe
Difficulty with estimating	mild	moderate	severe
Organizing numbers	mild	moderate	severe
Difficulty with measurement	mild	moderate	severe

#### Other

---



---



---



---

### Evidence of Impact

Please indicate in which settings the student reports difficulty.

Academic    
  Social    
  Occupational    
  Other

## Measures Taken to Rule Out Alternative Causes

Were steps taken to rule out alternative causes for this student's difficulties? \_\_\_\_\_

Are there any other possible reasons for this student's difficulties (i.e., additional diagnoses, chronic drug or alcohol use, poor study skills/habits, etc.)? \_\_\_\_\_

## Recommendations for Accommodations/Referrals

\_\_\_\_\_ Reduced distraction environment (semi-private room) for exams

\_\_\_\_\_ Reduced distraction environment (private room) for exams

\_\_\_\_\_ Extended time for exams (time and a half)

\_\_\_\_\_ Reader for exams

\_\_\_\_\_ Extended time for exams (double time)

\_\_\_\_\_ Scribe for Scantron forms

\_\_\_\_\_ Computer with spellcheck for essay exams

\_\_\_\_\_ Audio format of required readings

\_\_\_\_\_ Audio-taped lectures

\_\_\_\_\_ Note taking assistance

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Referral for personal counseling

\_\_\_\_\_ Referral for test taking skills training

\_\_\_\_\_ Referral for time management skills training

\_\_\_\_\_ Referral for further assessment. Please indicate all that apply

\_\_\_\_\_ Alcohol and drug \_\_\_\_\_ AD/HD

\_\_\_\_\_ Depression \_\_\_\_\_ Anxiety

\_\_\_\_\_ OCD \_\_\_\_\_ Other. Please list. \_\_\_\_\_

## Evaluator Information

Evaluator Name and email address: \_\_\_\_\_

Evaluator Title: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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