



PART I

Accessibility and Disability Support – Northwestern State University

LEARNING DISABILITY DOCUMENTATION GUIDELINES

Students requesting accommodations from Accessibility and Disability Support (OADS) due to a learning disability must provide current and comprehensive documentation of the learning disability from a *qualified professional*. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist *who is not a family member of the student*.

IN ORDER TO BE CONSIDERED CURRENT, AN EVALUATION PERFORMED BEFORE THE AGE OF 18 MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR TO THE STUDENT’S REQUEST FOR ACCOMMODATION(S).

AN EVALUATION PERFORMED DURING OR AFTER THE AGE OF 18 SHOULD BE NO MORE THAN 5 YEARS OLD. IF AN EVALUATION IS PERFORMED OUTSIDE OF OADS’ DOCUMENTATION POLICY, THE DOCUMENTATION WILL BE EVALUATED FOR COMPLETENESS ON CASE-BY-CASE BASIS.

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 # 5 below 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.

The following information is a guide to what must be contained in the documentation.

1. Diagnosis (**as diagnosed by the DSM-5**)
2. Level of Severity: Mild/Moderate/Severe
3. Date of Diagnosis
4. Date of Last Contact with Student
5. One of each of the following **MUST** be included in the documentation.

Diagnostic Interview (including history)

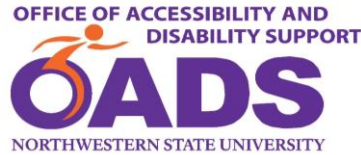
Aptitude – **Suggested Tests Include:**

Wechsler Adult Intelligence Scale-IV

Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability

Kaufman Adolescent and Adult Intelligence

Stanford-Binet Intelligence Scale (4th Ed.)



Achievement – **Suggested Tests Include:**

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)

***note:** screening instruments such as the WRAT, or abbreviated testing instruments do not provide enough detailed information and will not be sufficient to determine eligibility and accommodations.

The documentation should also contain the following information:

6. 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)
7. The symptoms which meet the criteria for the DSM-5 diagnosis with the approximate date of onset
8. The student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting
9. **RECOMMENDATIONS** you have regarding appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at NSU as justified based on the functional limitations indicated above.

Accessibility and Disability Support

Northwestern State University

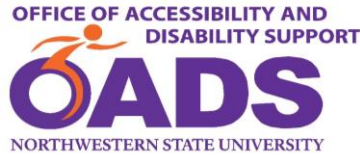
NSU Box 5251

Natchitoches, LA 71497

Phone: 318-357-4460

Fax: 318-357-5926

Email: OADS@nsula.edu



PART II TO BE COMPLETED BY STUDENT

Accessibility and Disability Support – Northwestern State University

REQUEST FOR ACCOMMODATIONS

Student's Name: _____

Phone Number: _____ Date of Birth: _____

When did/will you start attending NSU? Semester _____ Year: _____

NSU I.D. Number: _____ NSU Email: _____

NSU enrollment for which you are requesting accommodations (circle below):

NSU (Main Campus) NSU Leesville/Ft. Polk NSU Alexandria NSU Shreveport NSU Online

Dual Enrollment

I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment (check all that apply):

Attention Deficit Hyperactivity Disorder (ADHD)

Learning Disability

Deaf & Hard of Hearing

Psychological Disability (specify): _____

Physical or Medical Disability (specify): _____

Temporary Disability (specify): _____

In the space below, please list and explain the reason for each of the accommodations you are requesting.

Signature of Student: _____ Date: _____

***Please note: OADS strongly recommends maintaining copies of any submitted documentation for personal records.**



CONSENT TO RELEASE

I, _____ (*student/incoming student*), understand that the information contained in my record is confidential. However, I give my consent for

Office of Accessibility and Disability Support

to release to _____ (*parent, guardian, other*)

the following specific information: **DISABILITY AND ACADEMIC**

The above-listed information is to be disclosed for the specific purpose of

ACCOMMODATIONS and UNIVERSITY SUPPORTS.

This consent is subject to written revocation OR cancellation signature at any time except to the extent that action has already been taken upon this consent. All releases are done on roughly an annual basis regardless of any date changes to the form with all releases expiring at the end of the upcoming academic year.

Signature of Student/Client

NSU ID#

Date

I wish to cancel this Consent to Release effective

Date

Signature of Student/Client