



## **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 (4<sup>th</sup> 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**

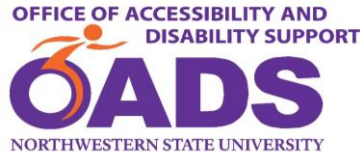
**NSU Box 5251**

**Natchitoches, LA 71497**

**Phone: 318-357-4460**

**Fax: 318-357-5926**

**Email: [OADS@nsula.edu](mailto: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: \_\_\_\_\_

Physical/Mailing Address: \_\_\_\_\_

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.**

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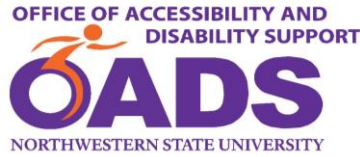
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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**\*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

Be sure to list a date if you desire to cancel consent to release information to the specified person(s) above. If you would like for information to continue being released to the above listed person(s) you do not need to sign or select a date to cancel the consent to release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student/Client

**STATE OF LOUISIANA  
VOTER REGISTRATION AGENCIES  
DECLARATION FORM**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)**

I want to register to vote.

I do not want to register to vote.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)**

Yes, I would like help.

No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact NSU Office of Accessibility and Disability Support at 318-357-4406.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to Office of Accessibility and Disability Support located in 234 Friedman Student Union or may be mailed to NSU Box 5251 Natchitoches, LA 71497.

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<b>Signature or Mark</b>	<b>Name Typed or Printed</b>	<b>Date</b>
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Signatures of Two Witnesses If Signed With Mark:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**COMPLAINTS**

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

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**Comments/Remarks (for official use only):**