

**PART I**  
**DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY**  
**LEARNING DISABILITY DOCUMENTATION GUIDELINES**

Students requesting accommodations from Disability Services 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 DISABILITY SERVICES' 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 LSU as justified based on the functional limitations indicated above.

**Disability Services**  
**Louisiana State University**  
**124 Johnston Hall**  
**Baton Rouge, LA 70803**  
**Phone: 225-578-5919**  
**Fax: 225-578-4560**  
**Email: [disability@lsu.edu](mailto:disability@lsu.edu)**

**PART II TO BE COMPLETED BY STUDENT**  
**DISABILITY SERVICES – LOUISIANA STATE UNIVERSITY**  
**REQUEST FOR ACCOMMODATIONS**

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

When did/will you start attending LSU? Semester \_\_\_\_\_ Year: \_\_\_\_\_

LSU I.D. Number: \_\_\_\_\_ LSU Email: \_\_\_\_\_

LSU enrollment for which you are requesting accommodations (check below):

LSU A&M (Main Campus)    LSU Law Center    Vet School    LSU Online

Independent and Distance Learning (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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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Division of Student Affairs  
Disability Services

\*Please note: Disability Services 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

**DISABILITY SERVICES**

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.

This consent will automatically expire **AUGUST 31, 2022.**

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

\_\_\_\_\_  
LSU ID#

\_\_\_\_\_  
Date

**I wish to cancel this Consent to Release effective** \_\_\_\_\_  
Date

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