



Verification Form for Learning Disabilities (LD)

Colorado Christian University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the College programs and services. Federal law defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In order to provide reasonable and appropriate services for students with Learning Disabilities, students are required to provide current and comprehensive documentation of their disability.

This form should be filled out by a **psychologist or medical professional** and is designed to verify diagnosis and direct the services to students with disabilities, located in the Life Directions Center (LDC) in servicing the student with necessary accommodations. Please fill out this form as comprehensively as possible and include any written reports (A copy of documentation requirements for written reports is included).

Release of Information

I, _____, hereby authorize the exchange and release of the following confidential information to the Life Directions Center and Colorado Christian University for the purpose of determining my eligibility for educational accommodations.

Date

Student's Signature

Student Information (this section to be completed by the student)

Student Name: _____ Student ID: _____

Date of Birth: _____ Phone: (_____) _____

CCU Box # or Address: _____

Major: _____

Class Status: Freshman Sophomore Junior Senior Transfer New Student

Returning Student

Documentation Requirements for a Specific Learning Disability

Professionals conducting assessment and rendering diagnoses of specific learning disabilities (SLD) must be qualified. A qualified professional must hold a degree in a field related to the diagnosis of SLD and have at least one year of diagnostic experience with adults and late adolescents. Recommended practitioners may include: certified and/or licensed psychologists, learning disabilities specialists and educational therapists with the above characteristics. The diagnostician must be an impartial individual who is not a family member of the student.

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The following documentation requirements will assist the service provider in collaborating with each student to determine appropriate accommodations. Documentation serves as a foundation that supports a student's request for appropriate accommodations. Recommended documentation includes all of the following:

1. Testing that is comprehensive, including a measure of Aptitude, Information Processing and Achievement in the areas of reading, mathematics and written language;
2. A narrative summary, including all standardized scores (subtest as well as overall scores), which supports the diagnosis;
3. Documentation for eligibility must be current, within the last three years, and reflect the current impact the learning disability has on the student's functioning, (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's specific request for accommodations);
4. A clear statement that a learning disability is present along with the rationale for this diagnosis. (Note: individual "learning deficits," "learning styles," and "learning differences," **do not**, in or of themselves, constitute a learning disability);
5. A statement of the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested.

Further assessment by an appropriate professional may be required if co-existing AD/HD or other disabling conditions is indicated. The student and the Disability Specialist will collaborate regarding accommodations with the final decision made by the Disability Specialist.

Certifying Professional

Name/Title: _____

Address: _____

Phone: (_____) _____ Fax: _____

License/Certification # and state of licenser: _____

Diagnosis:

DSM-IV Diagnosis and/or Specific Type of Learning Disability (LD):

Date of Diagnosis: _____ Age of student: _____



Please list procedures/assessments used to diagnose the student's condition as well as the results revealed. (Please attach copy of your diagnostic report.)

Please list the diagnostic criteria met for the diagnosis of an LD.

What treatment and/or medication have been prescribed?

Please list and/or describe the student's functional limitations.

Implications for Educational Success

Based on the results of your evaluation, what recommendations would you suggest for academic accommodations. Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed. (Please list and write an explanation for reasonable educational accommodations.)

(Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.)