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.
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.)