Southeast Arkansas College Office of Disability Services
Learning Disability Documentation Request Form

Southeast Arkansas College Office of Disability Services
Student Affairs Division

TODAY’S DATE: ___________________________________________________________

STUDENT’S NAME: ________________________________________________________

HOME ADDRESS: _________________________________________________________

TELEPHONE: _____________________________________________________________

The Southeast Arkansas College student named above is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations due to a learning disability from the Office of Disability Services (ODS). In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College Policy requires that a qualified professional provide current and comprehensive documentation of the disability. 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, the qualified professional’s statement must be within 6 months prior to the date of the most recent request from ODS.

The documentation provided must include information that diagnosis a learning disability, describes the functional limitations in an educational setting, includes appropriate testing results and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodation(s). IEP’s and other generalized pieces of information will not be adequate.

Under the Americans with Disabilities Act and the Rehabilitation Act of 1973, an individual with a disability means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such as impairment; or
3. Is regarded as having such impairment, whether he/she has the impairment or not.

“Major life activities” include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working, as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

Please provide the following information:

Diagnosis (as diagnosed by the DSM-IV):
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Date of Diagnosis: _____________ Date of Last Contact with Student: ______________
Prognosis:
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Describe the student’s functional limitations or restrictions in an educational setting, if any:
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Expected date restrictions will be lifted, if any:
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Describe clinical evidence of disability, i.e. physical findings, x-rays, lab tests:
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Please indicate the recommendations you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student’s educational opportunities at SEARK College as justified based on the functional limitations indicated above.
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Qualified Professional's Signature:
_________________________________________________________________________

Printed Name & Title:
_________________________________________________________________________

Daytime Telephone Number: ________________________________

Address: __________________________________________

Date: ________________________________

Return this information marked confidential to:

Office of Disability Services
Counselor
SEARK College
1900 Hazel Street
Pine Bluff, Arkansas  71603

Revised 10_2013
Notes: It may be necessary to re-submit documentation for conditions not of a chronic nature. Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.