



**Southeast Arkansas College
Office of Disability Services
1900 Hazel
Pine Bluff, Arkansas 71603
Phone: 870-543-5949 Fax: 870-373-5107**

Learning Disability Verification Form

The Office of Disability Services (ODS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Title II of the Americans with Disabilities Act (ADA) OF 1990. The ADA defines a disability as a physical or mental impairment has substantially limits one or more major life activities. "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. For a student to be considered eligible to receive academic accommodations, the documentation must show the functional limitations that impact the individual in the academic setting.

The ODS requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Southeast Arkansas College (SEARK) generally requires documentation prepared within the last three (3) years. SEARK reserves the right to request updated or more extensive evaluation. **Individualized Education Programs (IEPs), 504 plans, and letters from qualified medical professional(s) may also be submitted but are not sufficient documentation without completion of this form AND submission of comprehensive diagnostic reports.**

Documentation for students who received special education services in high school must include a diagnostic report with the following:

1. Diagnostic documentation from a professional, i.e., certified school psychologist, licensed psychologist, neuropsychologist, or educational specialist;
2. Diagnostic documentation that is current (within the last five years) and contains the date of the most recent evaluation and diagnosis;
3. Documentation based upon a psycho-educational test battery that includes intelligence/cognitive ability measures and educational/academic achievement measures. All test scores including subtest scores should be included.
4. The most recent **Multi-factored Evaluation (MFE)** report **MUST** be included. (the most recent is required, but if this report does not include specific aptitude or achievement measures, a prior report will also be required).

Students who do not have documentation from high school must submit current, psycho-educational assessment data and a report from a qualified private psychologist, school psychologist, or educational specialist stating the presence of a developmental disability.

STUDENT INFORMATION

First name _____ Middle _____ Last _____

Date of birth _____ Last four digits of SSN _____

Status (Check one) __ current student __ transfer student __ prospective student

Cell phone (____) _____ - _____ Local phone (____) _____ - _____

Address _____

Diagnostic Information

Please provide the following information:

1. Date of Diagnosis _____

2. Date of Last Contact with Student: _____

3. DSM-V Diagnosis(es):

* DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. The DSM-V was published on May 18, 2013 and is included here. The DSM-V supersedes the SMV-IV which was published in 2000.

4. How did you arrive at your diagnosis?

Structured or unstructured interviews with the student

Interviews with other persons

Behavioural observations

Developmental history

Educational history

Medical history

Neuro-psychological testing Date(s) of testing _____

Psycho-education testing Date(s) of testing _____

Standardized or non-standardized rating scales

5. What is the severity of the condition? Please check one:

Mild Moderate Severe

Explain severity:

7. What specific symptoms does the student have that might affect his/her academic performance?

9. Please state specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary. These recommendations must be specifically related to the diagnosis.

Health Care Provider's Signature Information

Print, sign, and date below and fill in the other fields completely. *Please print or type*

Provider's signature: _____ Date _____

Provider's name (please print) _____

Title _____

License or Certification# _____

Address:

Phone number (____) _____ - _____ Fax number (____) _____ - _____