

**PART II
TO BE COMPLETED BY STUDENT**

Request for Accommodations

Student's Name _____

Student's LSU ID Number _____

Student's Date of Birth _____

Parent or Legal Guardian's Name (optional) _____

Home Address _____ Phone _____

_____ Email _____

Course Number(s) _____

I am requesting accommodations because I have been diagnosed with one or more of the following which functionally impairs my ability to perform in an academic environment:

Check all that apply.

Attention Deficit Disorder

Learning Disability

Psychological Disability

Physical or Systemic (Medical) Disability (specify) _____

In the space below and on the back of this sheet, list and explain each of the accommodations you are requesting. Please be as specific as possible. [For example, if one of your requests is extended time for exams, specify the amount of additional time (e.g.1.5x)].

Signature of Student: _____ Date _____

We recommend that you make a copy of this form for your records.

**PART I
TO BE COMPLETED BY EVALUATOR**

**LSU, Disability Services
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD)
DOCUMENTATION REQUEST FORM**

******This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.******

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

LSU ID: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Disability Services due to AD/HD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation of AD/HD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional *who is not a family member of the student*. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.**

The documentation provided must include information that diagnoses the AD/HD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the AD/HD for the purpose of determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to LSU, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): _____
2. If you have a formal evaluation, please attach it.
3. Date of Diagnosis: _____ Date of Last Contact with Student: _____
4. Provide a summary of the student's educational, medical, and family history that may relate to AD/HD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction): _____

5. What medication(s) have been prescribed? _____

PART I
TO BE COMPLETED BY EVALUATOR

LSU Disability Services
LEARNING DISABILITY
DOCUMENTATION GUIDELINES

******This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.******

Students requesting accommodations from Disability Services due to a learning disability must provide current and comprehensive documentation of the learning disability be provided 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 AGE 18 MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR TO THE STUDENT'S REQUEST FOR ACCOMMODATION(S). AN EVALUATION PERFORMED DURING OR AFTER AGE 18 MUST BE NO MORE THAN 5 YEARS OLD.**

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 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-IV**)
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:**

Weschler Adult Intelligence Scale-III
Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability
Kaufman Adolescent and Adult Intelligence
Stanford-Binet Intelligence Scale (4th 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 may not be sufficient to determine eligibility and accommodations.

The documentation should also contain the following information:

6. Provide 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. Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset
8. Describe the student's functional limitations in an educational setting:

9. 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 LSU?

NOTE: 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.

Please send all appropriate documentation to:

Disability Services
LSU 111A Johnston Hall
Baton Rouge, LA 70803
Phone: (225) 578-5919
Fax: (225) 578-4560

**PART I
TO BE COMPLETED BY EVALUATOR**

**LSU Disability Services
PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
DOCUMENTATION REQUEST FORM**

******This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.******

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

LSU ID: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional *who is not a family member of the student*. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM THE DISABILITY SERVICES.**

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to LSU, Disability Services.

3. Diagnosis _____

4. Date of Diagnosis: _____ Date of Last Contact with Student: _____

5. Provide a summary of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

4. Describe the student's functional limitations in an educational setting: _____

5. List current medication along with any current side-effects which may impact academic performance: _____

6. 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 LSU as justified based of the functional limitations indicated above.

Please check all that apply: extended time (1.5x) distraction-reduced environment
 alternative test format consideration for absences no scantron class notes
 books on tape enlarged text (font size ___) reader scribe
 other _____

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

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Please return this form to:

Disability Services
Louisiana State University
111A Johnston Hall
Baton Rouge, LA 70803
Phone: (225) 578-5919
Fax: (225) 578-4560

**PART I
TO BE COMPLETED BY EVALUATOR**

**LSU Disability Services
PSYCHOLOGICAL DISABILITY DOCUMENTATION REQUEST
FORM**

******This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.******

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

LSU ID: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional is a licensed mental health professional *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 THE DISABILITY SERVICES.**

The documentation provided must include information that indicates a diagnosis of a psychological disability (must make a DSM-IV TR diagnosis), describes the functional limitations in an educational setting, indicates the severity and longevity of the psychological disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication and any current side-effects which may impact academic performance.

To facilitate the gathering of such critical information, please respond to the following and return to LSU, Disability Services.

1. **Diagnosis:** _____

2. **Date of Diagnosis:** _____

3. **Date of Last Contact with Student:** _____

4. Provide a **summary** of the student's educational, medical, and family history that relates to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

5. Describe the student's **functional limitations** in an educational setting: _____

6. List **current medication** along with any **current side effects** that may impact academic performance: _____

7. 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 LSU as justified based of the functional limitations indicated above.

- Please check all that apply:
- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> extended time (1.5x) | <input type="checkbox"/> distraction-reduced environment | |
| <input type="checkbox"/> class notes | <input type="checkbox"/> consideration for absences | <input type="checkbox"/> no scantron |
| <input type="checkbox"/> reader | <input type="checkbox"/> scribe | |
| <input type="checkbox"/> other _____ | | |

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

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