



Office of Accessible Education
 275 Eastland Road
 Berea, Ohio 44017
<https://www.bw.edu/accessible-education>
 Email: disability@bw.edu
 Fax: (440) 826-3832

Learning Disorder Verification Form

The Office of Accessible Education (OAE) provides 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 Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

OAE requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 12 months (1 year). The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed psychologists or neuropsychologists.
- All parts of the form must be completed as thoroughly as possible.
- The provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at <http://www.bw.edu/accessible-education>.
- The information provided on this form is NOT part of the student’s permanent educational record, but will be maintained with OAE.

STUDENT INFORMATION (Please Print)

Name (Last, First, Middle): _____

Date of Birth: _____ BW ID Number: _____

Status (check one): current student transfer student prospective student

Phone: (_____) _____ - _____ BW Email: _____@bw.edu

Address (street, city, state, zip code): _____

By signing below, the student grants OAE permission to contact the provider for additional information.

I, _____ (printed name of student), hereby authorize OAE to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for academic accommodations.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION (Please Print)

1. Date of initial contact with the student: _____

2. Date of last contact with the student: _____

3. Does the student have an educational history of a learning disorder?

Yes

No

4. Approximately at what age or grade did the student start to exhibit apparent difficulty learning academic skills? _____

5. What date or grade was the student diagnosed with a learning disorder? _____

6. Describe historical information relevant to the student's learning disorder and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial): _____

7. Has the student demonstrated a persistent difficulty learning academic skills (for at least six months) despite targeted intervention(s) in the area(s) of academic difficulty?

Yes

No

If yes, describe the interventions attempted: _____

8. Select all areas of the student's documented academic skill difficulties that are substantially below expectations given the student's age:

- Word decoding and word reading fluency
- Reading comprehension
- Spelling
- Writing difficulties such as grammar, punctuation, organization, and clarity
- Number sense, fact and calculation
- Mathematical reasoning

9. Did you use objective and statistically sound assessments to evaluate the student's learning difficulties?

- Yes No

If yes, provide information regarding the student's global intellectual functioning and current academic functioning as measured by aptitude and achievement tests respectively. This information can be attached to this Verification Form if contained within a neuropsychological or psychoeducational evaluative report (include the report with the Verification Form).

Aptitude: List (a) the name of the comprehensive and current aptitude/cognitive instrument administered; (b) the standard scores per subtest; and (c) the percentiles per subtest: _____

Achievement: List (a) the name of the comprehensive and current achievement battery administered; (b) the standard scores per academic area subtest; and (c) the percentiles per academic area subtest: _____

If no, how did you reach your conclusion about the learning disorder and necessary interventions and academic accommodations? _____

10. What are the student's functional limitations, attributable to the learning disability? How does the impairment affect the student's academic performance? _____

11. Alternative Explanations:

Select all that can be attributed to the student's academic and learning difficulties:

<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Visual or hearing impairment
<input type="checkbox"/> Psychological disorder (e.g., depression, anxiety, etc.)	<input type="checkbox"/> Neurological disorder
<input type="checkbox"/> Psychosocial difficulty	<input type="checkbox"/> Language differences(i.e., English as a second language)
<input type="checkbox"/> Lack of access to adequate instruction	<input type="checkbox"/> Other:

12. DSM-V Diagnosis(es) or rule-out diagnoses (Include the principal diagnosis and code for each): _____

13. State specific recommendations regarding reasonable 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 each accommodation is necessary: _____

PROVIDER INFORMATION

Print, sign, date and complete all fields below

By selecting this box, I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Title: _____

License or Certification #: _____

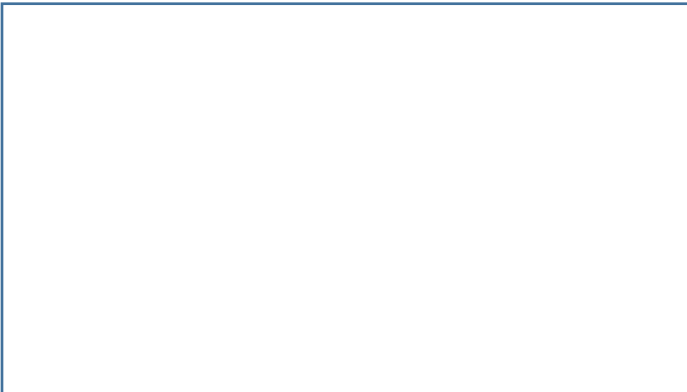
Mailing Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

The student signed a Consent for Release of Information on page 1 of this form. We may reach out to you directly for more information or clarification to support the student's request for accommodations.

You may affix a business card in the space below:



Please complete this form in its entirety and submit it to:

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