

## Documentation for Learning Disabilities

Georgia State University's Office of Disability Services provides academic services and accommodations for students with documented disabilities. The treating or diagnosing healthcare professional should complete this form. Disability Services will use this form to evaluate eligibility for academic accommodations, which includes 1) disability diagnosis as defined under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA); 2) aid in the determination of appropriate services and accommodations in the academic environment.

The information provided by the health care professional will not become part of the student's educational records, but will remain in the student's confidential file in Disability Services. Upon request, this form may be released only to the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

After completing this form, sign it, complete the Healthcare Provider Information section on the last page and return it to the student, who will give it to the Disability Services Provider at Georgia State University.

\_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Student ID#

**Primary Diagnosis:** \_\_\_\_\_

Date of original diagnosis: \_\_\_\_\_

**Secondary Diagnosis** (if any): \_\_\_\_\_

Date of original diagnosis: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Describe the substantial limitations that affect this student's ability to conduct major life activities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe current functional limitations, which affect this student in the academic setting, and suggestions for accommodations (i.e., frequent breaks, extra time on tests).

**Limitations**

**Recommendations**

_____	_____
_____	_____
_____	_____
_____	_____

Describe the developmental and educational history consistent with the above learning disability.

\_\_\_\_\_  
 \_\_\_\_\_

---

---

Explain results of standardized measures of academic achievement, cognitive/linguistic processing and/or intellectual functioning. Standard scores must represent all standardized measures and percentile ranks based on published age-based norms.

---

---

---

---

Describe the cognitive/linguistic processing deficits that are associated in a meaningful way with the identified area(s) of academic limitation.

---

---

---

---

---

Provide evidence that substantially limited areas of achievement fall significantly below higher-level cognitive and/or linguistic abilities (e.g., broad intellectual functioning, reasoning, vocabulary, crystallized knowledge). *(Documentation that academic limitations are unexpected is necessary.)*

---

---

---

---

---

Describe objective evidence that symptoms are associated with significant functional impairment in the academic setting in one or more of the following areas: reading, mathematics, or written language.

---

---

---

---

---

Explain the academic and cognitive/linguistic limitation(s) have been considered and ruled out (e.g., low

cognitive ability, other mental or neurological disorders, lack of adequate education, visual or auditory dysfunction, emotional factors such as anxiety or depression, cultural/language differences, poor motivation, symptom exaggeration).

---

---

---

---

---

**Healthcare Provider Information (In the space provided, please attach a business card.)**

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please print)*

\*\*Provider name: \_\_\_\_\_ Title: \_\_\_\_\_ License #: \_\_\_\_\_

Attach Business Card Here

---

**Alpharetta:** [alpcds@gsu.edu](mailto:alpcds@gsu.edu)    **Atlanta:** [access@gsu.edu](mailto:access@gsu.edu)    **Clarkston:** [clacds@gsu.edu](mailto:clacds@gsu.edu)  
**Decatur:** [deccds@gsu.edu](mailto:deccds@gsu.edu)    **Dunwoody:** [duncds@gsu.edu](mailto:duncds@gsu.edu)    **Newton:** [newcgs@gsu.edu](mailto:newcgs@gsu.edu)