

**Documentation Guidelines for Learning Disabilities**

Documentation should state a diagnosis and the functional limitations of the disability within an educational setting. Typically, it should be printed or typed on official letterhead or on an SDS documentation form, and be completed and signed by an evaluator qualified to make the diagnosis. Documentation from family members, even if qualified professionals, cannot be accepted.

The following is a guideline, if needed, for submitting documentation to establish eligibility for accommodations and support services through SDS. **A full psycho-educational assessment is particularly helpful.** Other forms of documentation are often accepted. Students who currently hold documentation are encouraged to contact SDS for a brief discussion as to whether or not additional documentation is needed.

Please answer the following questions relative to this student's diagnosis of a Learning Disability.

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Diagnosis (DSM5 or ICD):

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

2. Level of severity (circle one):    Mild                    Moderate                    Severe

3. Date of initial diagnosis \_\_\_\_\_ Date of last contact with student \_\_\_\_\_

4. On what basis did you determine that the student has a learning disability?

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

5. What measures were used to assess the following:

*Aptitude:* \_\_\_\_\_

*Achievement:* \_\_\_\_\_

*Information Processing:* \_\_\_\_\_

*Other:* \_\_\_\_\_

\_\_\_\_\_

**(OVER)**

6. Describe the student's functional limitations in an educational setting and any recommendations you might wish to suggest:

*Aptitude:* \_\_\_\_\_

*Achievement:* \_\_\_\_\_

*Information Processing:* \_\_\_\_\_

*Other:* \_\_\_\_\_

7. Please provide any additional information relevant to the student's level of functioning within the university setting. This could include co-morbid diagnoses.

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

**CERTIFYING LICENSED CLINICIAN #** \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Return this information marked confidential to:

Student Disability Services  
Jordan Hall 136  
Butler University  
Indianapolis, IN 46208

Email: [sds@butler.edu](mailto:sds@butler.edu) (email account that can be accessed only by SDS staff members)

Fax: 317-940-9036 (located directly within the SDS office suite)

***Available in alternative format upon request.***