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 (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.