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: _______________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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.*