



Request for ADA Accommodations
Learning and Other Cognitive Disabilities

Section 1: To be completed by Student

Name: _____ Phone #: _____
Address: _____
Email address: _____

Release of information: I grant permission to my healthcare provider (s) to release my education-related records and/or my medical or psychological records to Snead State Community College in connection with my request for accommodations.

Student's Signature Date

Section 2: To be completed by Professional Diagnostician

Name of Professional Making Diagnosis (please print): _____
Phone #: _____ Date of Assessment: _____
Highest Degree & Area of Specialization: _____
License Number: _____ Expiration: _____ State: _____

Professional Diagnostician Signature Date

Section 3: Assessments – To be completed by the professional diagnostician

***Must include an interpretation of the test results.**

Date(s) of Assessment(s): _____

- _____ Wechsler Adult Intelligence Scale III (WAIS) (or latest version)
- _____ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability
- _____ Stanford – Binet Intelligence Scale
- _____ Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement
- _____ Wechsler Individual Achievement Test (WIAT)
- _____ Stanford Test of Academic Skills (TASK)
- _____ Scholastic Abilities Test of Adults (SATA)
- _____ Specific Achievement tests such as Test of Written Language – 3 (TOWL-3)
- _____ Woodcock Reading Mastery Tests – Revised, or the Stanford Diagnostic Mathematics Test

Professional Diagnostician Signature Date

Section 4: Diagnosed Disability

***The professional diagnostician must select all appropriate diagnosed disabilities.**

Specific Learning Disabilities (check all that apply)

- ____ Reading Disability (identify: _____)
- ____ Mathematics Disability (identify: _____)
- ____ Written Language Disability (identify: _____)
- ____ Other cognitive disabilities (list all that apply):

DSM-IV Code(s): _____

Professional Diagnostician Signature _____

Date _____

Section 5: Requested Accommodations

Functional Limitation(s): _____

Recommended Accommodation(s): _____

Rationale for Accommodations (s): _____

Section 5: Supporting Documents - MUST BE NO MORE THAN 3 YEARS OLD.

A letter on official letterhead, signed by the professional diagnostician, stating the diagnosed disability and providing supporting evidence of the disability must be included in the ADA request. The interpretation of test results should include subtest & standard scores and should include most recent versions of the assessment results. Test protocol sheets, handwritten summary sheets or scores alone are not sufficient.

- *The following assessments are unaccepted:
- Kaufman Brief Intelligence Test (KBIT)
 - Wechsler Intelligence Scale for Children (WISC)
 - Wide Range Achievement Test (WRAT)
 - Mini-Battery of Achievement