



Request for ADA Accommodations

Learning and Other Cognitive Disabilities

Section 1: To be completed by the Student

Name: _____ A Number: _____

Phone #: _____ Address: _____

City: _____ State: _____ 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 Reid State Technical College in connection with my request for accommodations.

Student's Signature

Date

Section 2: To be completed by the Professional Diagnostician

Name of Professional Making Diagnosis (please print): _____

Phone #: _____ Date of Assessment: _____

Highest Degree & Area of Specialization: _____

License Number: _____ Expiration: _____ State: _____

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

Section 4: Diagnosed Disability

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

_____ Reading Disability (identify: _____)

_____ Mathematics Disability (identify: _____)

_____ Written Language Disability (identify: _____)

_____ Other cognitive disabilities (list all that apply):

DSM-IV Code(s): _____

Section 5: Requested Accommodations

Functional Limitation(s): _____

Recommended Accommodation(s): _____

Rationale for Accommodations (s): _____

Section 6: Supporting Documents – Within 3 years of enrollment date.

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

Professional Diagnostician Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Telephone: _____ Email: _____

Thank you for your assistance in completing this verification form.

Please return this information to the ADA Coordinator listed below:

Dr. Kevin Ammons
P. O. Box 588
Evergreen, AL 36401
Phone: 251.578.1313 ext. 231
Email: kammons@rstc.edu

Note: Each student's documentation will be evaluated on a case-by-case basis. Following these guidelines will help ensure proper consideration of each student's individual situation in the timeliest manner. Also, a High School IEP, 504 Plan, and/or a letter from a physician or other professional will not be sufficient to document a learning disability.