



# 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:

Vickie Nicholson  
P. O. Box 588  
Evergreen, AL 36401  
Phone: 251.578.1313 ext. 120  
Email: vickien@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.