

Student Disability Resource Center

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Documentation Guidelines for Learning Disabilities

It is the responsibility of the student to notify the University of your disability. Accommodations are provided in accordance with the ADA. When you register for services, please upload a current psychological evaluation and/or any testing that was done, an IEP/504, a final high school transcript and a copy of any accommodations on the SAT/ACT to determine a diagnosis that supports the functional impact of the disorder.

Please provide your physician/psychiatrist with the following documentation guidelines.

A patient of yours is enrolled at Georgia College & State University and has requested accommodations due to a disability. The Student Disability Resource Center establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services.

Please write your supporting letter on letterhead, date the letter and address all of the following:

- Please see Appendices D-H of the USGBOR Academic and Student Affairs Handbook:
 https://www.usg.edu/academic affairs handbook/section3/C793/ before writing a supporting letter
- The evaluator's name, title and license number
- Primary and secondary diagnosis (if applicable)
- DSM/ICD Code for each diagnosis
- Date of diagnosis(es)
- A clear diagnostic statement that includes evidence of an existing impairment
- Provide the diagnostic criteria and methodology used to diagnose the condition/s
- Documentation should reflect data collected to represent current functioning.
- Clear and specific identification of a learning disability must be stated. For example, the terms "Learning styles" or "Learning differences" are not synonymous with a learning disability.
- Documentation of a developmental and educational history consistent with a learning disability.
- Documentation of learning disabilities should include standardized measures of academic achievement, cognitive/linguistic processing, and/or intellectual functioning that have normative data representing the general population. All standardized measures must be represented by standard scores and percentile ranks based on published age-based norms.
- Documentation of one or more cognitive/linguistic processing deficits that is associated in a meaningful way with the identified area(s) of academic limitation. Cognitive/linguistic

processes commonly associated with academic achievement (selection dependent upon case) include the following:

- Fluency/Automaticity
- Executive functioning
- Memory/Learning
- Oral Language
- Phonological Processing
- Orthographic Processing
- Visual-Motor
- Visual-Perceptual/Visual-Spatial
- Documentation suggesting that the academic limitations are unexpected is necessary. As a result, evidence that substantially limited areas of achievement fall significantly below higher-level cognitive and/or linguistic abilities (e.g., broad intellectual functioning, reasoning, vocabulary, crystallized knowledge) must be included.
- Objective (quantitative and qualitative) evidence that symptoms are associated with significant functional impairment in the academic setting. In the case of Learning Disabilities, documentation must include evidence of substantial limitation(s) in one or more of the following areas of academic achievement:
 - Reading (decoding, fluency, and/or comprehension)
 - Mathematics (calculations, math fluency, and/or applied reasoning)
 - Written Language (spelling, fluency, and/or written expression)
- Academic impairments, processing deficits, and evidence of intact functioning in other domains (e.g., higher-level cognitive functioning), should be evident on multiple measures.
- Documentation that alternative explanations for the academic and cognitive/linguistic limitation(s) have been considered and ruled out (e.g., low cognitive ability, other mental or neurological disorders, lack of adequate education, visual or auditory dysfunction, emotional factors such as anxiety or depression, cultural/language differences, poor motivation, symptom exaggeration)