

**Student Disability Resources**

The Pennsylvania State University

equity.psu.edu/sdr

VERIFICATION FORM for LEARNING DISORDERS

Penn State's Student Disability Resources (SDR) office has established a Verification Form for Learning Disorders to obtain current information from a qualified practitioner (e.g., licensed psychologist, certified school psychologist, or neuropsychologist) regarding a student's learning disorder symptoms and their impact on the student, and their need for accommodations. This Verification Form should supplement information that is provided in other reports, including full neuropsychological or psychoeducational evaluations or secondary school documentation. Any documentation, including this Verification Form, must meet Penn State's SDR guidelines for learning disorders.

A summary of the guideline criteria for documenting learning disorders is listed below (more information related to SDR documentation and guidelines for learning disorders can be found at the following website: [Link to Guidelines for Learning Disorders](#)).

1. Persistent learning difficulties and academic performance below expectations as measured by objective and statistically sound assessments of aptitude and achievement
2. Educational history of learning difficulties
3. Functional limitations affecting an important life skill, including academic functioning
4. Exclusion of alternative diagnoses or attributing factors
5. Summary and recommendations

I. Student Information: (Please Print Legibly or Type)

Student's Name:

First: Middle: Last: Date of Birth: PSU ID #: Penn State campus student is attending:

Student's Home Address:

Street: City: State: Zip: Phone Number:

II. Provider Section:

1. Contact with Student

- a. Date of initial contact with student:
- b. Date of last contact with student:

2. Diagnosis

a. Educational History:

i. Does the student have an educational history of a learning disorder?

Yes No

ii. Approximately at what age or grade did the student start to exhibit apparent difficulty learning academic skills?

iii. What date or grade was the student diagnosed with a learning disorder?

iv. Please include any historical information relevant to the student's learning disorder and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

b. Impact of Learning:

i. Has the student demonstrated a persistent difficulty learning academic skills (for at least six months) despite targeted intervention(s) in the area(s) of academic difficulty?

Yes No

ii. Please check all areas of the student's documented academic skill difficulties that are substantially below expectations given the student's age:

	Word decoding and word reading fluency
	Reading comprehension
	Spelling
	Writing difficulties such as grammar, punctuation, organization, and clarity
	Number sense, fact and calculation
	Mathematical reasoning

iii. Did you use objective and statistically sound assessments to evaluate the student's learning difficulties? Yes No

1. If yes, please provide information regarding the student's global intellectual functioning and current academic functioning as measured by aptitude and achievement tests respectively. This information can be attached to this Verification Form if contained within a neuropsychological or psychoeducational evaluative report (*please include this report with the Verification Form*).

Aptitude: List (a) the name of the comprehensive and current aptitude/cognitive instrument administered; (b) the standard scores per subtest; and (c) the percentiles per subtest.

Achievement: List (a) the name of the comprehensive and current achievement battery administered; (b) the standard scores per academic area subtest; and (c) the percentiles per academic area subtest.

2. If no, how did you reach your conclusion about the learning disorder and necessary interventions and academic accommodations?

c. Functional Impairment:

- i. Is there clear evidence that the student’s learning difficulties are interfering with or reducing the quality of at least one of the following, including academic functioning?

Academic functioning:	
Social functioning:	
Work functioning:	

d. Alternative Explanations:

- i. Please check all that can be attributed to the student’s academic and learning difficulties:

	Intellectual disability
	Visual or hearing impairment
	Psychological disorder (e.g., depression, anxiety, etc.)
	Neurological disorder
	Psychosocial difficulty
	Language differences (i.e., English as a second language)
	Lack of access to adequate instruction

ii. **DSM-5 Codes:**

- 1. Please include all pertinent diagnoses or rule-out diagnoses using *DSM-5* codes.

Principal Diagnosis: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

Other Diagnoses: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

WHODAS 2 Score (If given): _____

3. Functional Limitations and Recommended Accommodations

- a. Please list the student's specific learning difficulties and indicate what reasonable academic accommodations would mitigate the difficulty listed. More detailed information regarding reasonable academic accommodations can be found on the SDR website at: <http://equity.psu.edu/sdr/applying-for-services/reasonable-accommodations>

Example: <i>A student requires great effort to read class materials and completes reading assignments at a slow rate.</i>
Learning Difficulty: <i>Slow, effortful reading</i>
Recommended Reasonable Accommodation(s): <i>Textbooks and written classroom materials in alternative format to be read by text-to-speech software</i>

Learning Difficulty:
Recommended Reasonable Accommodation(s):

Learning Difficulty:
Recommended Reasonable Accommodation(s):

Learning Difficulty:
Recommended Reasonable Accommodation(s):

III. Provider's Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., psychologist, neuropsychologist). The provider signing this form must be the same person answering the above questions.

Provider's Name:

First: Middle: Last: Credentials: License Number: State of Licenser: Street Address: City: State: Zip: Phone Number: Email Address: Can this completed Verification Form be released to the student? Yes No Signature of Provider: Date: **Submitting this Form:**

This form should be returned to the disability office at the Penn State campus where the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#). Please visit the SDR website and submit to the appropriate Penn State campus.