



## Disability & Access Services Disability Verification Form – Learning Disability

The Disability & Access Services (DAS) provides academic accommodations and services to students with documented learning disabilities. Students seeking accommodations must provide appropriate documentation of their disability so that DAS can determine the student's eligibility for accommodations; and if the student is eligible, determine appropriate academic accommodations. The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities.

To verify the disability and its severity, DAS requires the following current documentation from a physician or other approved specialist with experience and expertise in the area related to the student's disability.

Documentation should include:

- A **current** clear statement of disability including diagnosis and **DSM-5 or ICD Diagnosis (text and code)** and information concerning **co-morbidity**.
- Comprehensive **psychoeducational** or **neuropsychological** evaluation, ideally must not be more than three years old and must be based on adult normed testing. The Wechsler Adult Intelligence Scale-III (WAIS-IV) is preferred.
- Testing must include **actual test scores**; standard scores are preferred. It is not acceptable to administer only one test or to base the diagnosis on only one of several subtests. Individualized Education Plans (IEPs) in and of themselves are **not sufficient** documentation.
- **Current Functional Limitations:** Information concerning the **impact** of the learning disability on **major life activities** as well as the **functional limitations** and how they currently interfere in the educational setting.
- A narrative **clinical summary** of assessment procedures that were used to make the diagnosis, evaluation results, history of learning disability and a list of recommended accommodations.
- Suggested accommodations to address each limitation as well as history of accommodations used.
- The diagnostic report must include the **name, and title, and license number** of the evaluator.
- Professional conducting the assessment and rendering diagnoses of specific learning disabilities must be qualified to do so. Boston University requires that evaluators of adults with learning disabilities possess acceptable credentials which include relevant degrees and training.
- A **complete** Disability Verification Form (please do not write "see attached")

**Please note:** All appropriate documentation must be received prior to formal review process commencing. Also, please be aware that provision of accommodations in high school, other non-BU academic institution or on any standardized test does not guarantee that the same or any accommodations will be awarded at Boston University.

**All documentation is considered confidential and can be mailed or faxed to:**

Disability & Access Services

25 Buick Street Suite 300

Boston, MA 02215

Phone: 617-353-3658

Fax: 617-353-9646

[access@bu.edu](mailto:access@bu.edu)

[www.bu.edu/disability](http://www.bu.edu/disability)



## Boston University Disability & Access Services

### Disability Verification Form – Learning Disability

This form is intended to assist your client in meeting the documentation requirements for requesting academic accommodations on the basis of a Learning Disability at Boston University. Please fill out all of the questions on the below form, even if the material has been included in your full evaluation and/or clinical summary. The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities. Submitting evidence of a diagnosis, IEP, prescription or document showing a discrepancy between ability and achievement on the basis of a single subtest score, is not sufficient to warrant academic accommodations. Similarly, nonspecific diagnoses, such as individual “learning styles,” “learning differences,” “academic problems,” “attention problems,” and “test difficulty/anxiety” in and of themselves do not constitute a disability.

To ensure the provision of reasonable and appropriate accommodations, students requesting academic accommodations must provide current (within the last three years) documentation of their disability. This documentation should provide information regarding the onset, duration and severity of symptoms, as well as the specifics describing how it has interfered with educational achievement. Please include a copy (including test scores) of any relevant adult normed psychoeducational or neuropsychological reports. All information will be kept confidential. Please feel free to contact DAS at (617)353-3658 with any questions.

**PLEASE NOTE:** If you do not have current testing please refer to our [documentation guidelines](#).

#### Student name:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ BU ID: \_\_\_\_\_

#### For the current treating healthcare provider to complete:

##### 1. Please list all DSM-5 or ICD Diagnoses (text and code):

Diagnoses \_\_\_\_\_

- a. Date diagnosed: \_\_\_\_\_
- b. Date of your last clinical contact with student: \_\_\_\_\_
- c. Current severity: \_\_\_\_\_

##### 2. Evaluation

###### a. How did you arrive at this diagnosis?

- Structured or unstructured interviews with student.
- Interviews with other persons (i.e. parent, teacher, therapist).
- Behavioral observations.
- Review of records
- Neuropsychological testing. Attach documentation.
- Psychoeducational testing. Attach documentation.
- Other (Please specify). \_\_\_\_\_

b. Date of last evaluation \_\_\_\_\_

**3. Functional Limitations** Y  N  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

a. Please describe in detail any functional limitations that fall into the significant range.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Please list current medications and treatment history.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Special considerations, e.g. medication side effects:

\_\_\_\_\_  
\_\_\_\_\_

**4. Coexisting Conditions**

Please provide details about any coexisting psychiatric or medical conditions.

Please include all relevant reports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Past Accommodations**

Please mark whether or not student has utilized accommodations in the past. Y  N

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Suggested Accommodations**

Please list the specific academic accommodations you suggest based on your assessment of the students clinical and academic history and diagnosis. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. (Optional)** Please provide any additional information you feel will be useful in determining the nature and severity of the student's disability, and any additional recommendations that may assist in determining appropriate accommodations and interventions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you** for your help in providing this information so that we may begin services as soon as possible. Please complete the provider information below. This form should be signed and returned DAS at the address shown at the end of this document.

**PLEASE NOTE:** To provide documentation of a Learning Disability, the professional conducting the assessment and rendering diagnoses of specific learning disabilities must be qualified to do so. Boston University requires that evaluators of adults with learning disabilities possess acceptable credentials which include relevant degrees and training.

**Provider Information**

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

**If filling out online, in lieu of signature, please click here to certify that the above statement is true.**

Y  N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

State of License \_\_\_\_\_ : License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this signed form to:**

Disability & Access Services  
25 Buick Street Suite 300  
Boston, MA 02215  
Phone: 617-353-3658  
Fax: 617-353-9646