

To be completed by the student's evaluator
and then returned to the Office of Disability
Services

Office of Disability Services

111 Reid Centennial Hall

500 8th Avenue

Lewiston, ID 83501

Office: 208-792-2211

Fax: 208-792-2453

www.lcsc.edu/osl/ada.htm

**REQUEST FOR DISABILITY
VERIFICATION OF
LEARNING DISABILITIES (LD)**

The Office of Disability Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. To standardize the gathering of such information, we ask that you complete the following and return to the address above. All material will be kept confidential.

Student's Name: _____

1. DSM-IV Diagnosis: Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

2. Date of diagnosis (documentation should be current, within the last three to five years):

3. Summary of test findings which support the diagnosis, including any results from aptitude and achievement testing. Please describe below and attach a list of test instruments, standard scores, grade equivalent scores and percentiles. Subtest scores should be included.

4. Describe the student's functional limitations in an educational setting:

