



Disability Services
Division of Student Affairs

Documentation Guidelines

A student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. To consider this request and ensure the provision of reasonable and appropriate auxiliary aids and services, university policy requires that a **qualified professional** provide current and comprehensive documentation. A qualified professional includes a licensed medical doctor or other qualified healthcare professional **who is not a family member of the student**. A qualified professional may include a student's high school nurse, school counselor, or other health and wellness licensed professional.

Any student who has a documented disability may register with Disability Services. DS categorizes disabilities by **AD/HD, Learning, Physical/Medical, Psychological, and Temporary Conditions**.

Physical/Medical Eligibility

- Students with a **visual disability**, the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.
- Students who are **deaf or hard of hearing** must complete the form and submit an audiogram completed by a licensed audiologist.

Learning Eligibility

Students must provide current and comprehensive documentation of the learning disability from a **qualified professional**. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist **who is not a family member of the student**.

To be considered current, an evaluation performed before the age of 18 must have been performed within 3 years prior to the student's request for accommodation(s). An evaluation performed during or after the age of 18 should be no more than 5 years old. If an evaluation is performed outside of Disability Services' documentation guideline, the documentation will be evaluated for completeness on case-by-case basis. Students are encouraged to also submit any IEP, 504, or other documentation from the high school's qualified professional for DS to review. However, sole submission of these documents may not qualify students for DS services.

The documentation provided must include information that diagnoses a learning disability, describes the functional limitations in an educational setting, includes appropriate testing and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodations. One of each of the following **MUST** be included in the documentation:

Note: screening instruments such as the WRAT, or abbreviated testing instruments do not provide enough detailed information and will not be sufficient to determine eligibility and accommodations.

Aptitude – Suggested Tests Include:

Wechsler Adult Intelligence Scale-IV
Woodcock-Johnson Psychoeducational Battery Revised:
Test of Cognitive Ability
Kaufman Adolescent and Adult Intelligence Stanford-Binet Intelligence Scale (4th Ed.)

Achievement – Suggested Tests Include:

Scholastic Abilities Test for Adults
Stanford Test of Academic Skills
Woodcock-Johnson Psychoeducational Battery-Revised: Test of Achievement
Wechsler Individual Achievement Test
Information Processing (if applicable)

Note: DS will only accept documentation if the qualified professional has provided a certified electronic signature or print.



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Student's Name: _____ Chosen Name: _____

Student's Phone Number: _____ Date of Birth: _____

When did/will you start attending LSU? Semester: _____ Year: _____

LSU ID Number: _____ LSU Email: _____

For Qualified Professionals to Complete Only

This form must contain ALL the information requested below for eligibility consideration.

Diagnosis: _____

Date of Diagnosis: _____ Date of Last Contact with Student: _____

Provide a summary of the student's educational, medical, and family history that relates to the physical or medical disability (must demonstrate difficulties are not the result of other conditions, cultural differences, or insufficient instruction):

4. Describe the student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting: _____



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5. List **current medication**, along with any **current side effects** that may impact academic performance:

6. Please indicate below the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at LSU as justified based on the functional limitations indicated above.

DS will only accept documentation if the qualified professional has provided a certified electronic signature or print.

Qualified Professional's Signature: _____

Printed Name & Title: _____

License or Certification Number: _____

Daytime Telephone Number: _____

Address: _____

Date: _____