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Documentation of Learning Disability Verification Form

As the diagnosing professional, please fully complete all sections of this form. Additional reports, information, or narrative can be attached if appropriate.

Please note: All information that you provide may be shared with this student unless clearly marked otherwise. Thank you for your assistance.

I, _____, hereby authorize the release of the following information to disAbility Access Services at Guilford Technical Community College for the purpose of determining my eligibility for services.

Student Signature
Date of Birth
Date of Request

TO BE COMPLETED BY THE DIAGNOSING PROFESSIONAL

I. Diagnosis

Primary Diagnosis: _____

DSM-IV/ICD-9/ICD-10 Code: _____

Date of Diagnosis: _____ Date of Last Evaluation: _____

Secondary Diagnosis: _____

DSM-IV/ICD-9/ICD-10 Code: _____

Date of Diagnosis: _____ Date of Last Evaluation: _____

NOTE: Diagnoses of a Learning Disability must have supporting documentation.

- IEP's are acceptable as supporting documentation to a diagnosis, but are not acceptable for a diagnosis alone.
- Psychological Evaluations and / or Psycho-Educational Evaluations
 - Must be within the last five years; and/or
 - Assessed using the Wechsler Adult Intelligence Scale, Woodcock-Johnson Test of Achievement; and/or
 - Assessed using tools that a Licensed Psychologist deemed appropriate to assess learning outcomes.

What is the expected duration? _____

II. Treatment

Creating Successful Futures

Prescribed Medications	Side Effects

III. How does the disability impact the student within the educational setting? (e.g. Difficulty focusing within a classroom, taking notes while listening to instruction or regulating emotions during a stressful situation ... these limitations may result in a student possibly needing such services as testing in a less distracting environment, extended time on an exam, or alternative ways in getting notes.)

Recommended Accommodations:

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Professional Credential Documentation (PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.)

Name _____

Address _____

Title _____

Professional Credentials _____ Phone : _____

License/Certification number _____

Signature _____ Date _____

To expedite the process, you may fax a copy to **1-336 232-9803**. All documentation is confidential. In addition to Faxing, please mail the signed, original form to: Guilford Technical Community College:

disAbility Access Services
P.O. Box 309
Jamestown, NC 27282
Attention: _____

disAbility Access Services
Creating Successful Futures