

## Documentation for Learning Disabilities

Kennesaw State University's Student Disability Services provides academic services and accommodations students with documented disabilities treating or diagnosing healthcare professional should complete this form. Disability Services will use this form to evaluate eligibility for academic accommodations, which includes 1) disability diagnosis as defined under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA); 2) aid in the determination of appropriate services and accommodations in the academic environment.

The information provided by the health care professional will not become part of the student's educational records, but will remain in the student's confidential file in Disability Services. Upon request, this form may be released only to the student. In addition to the requested information, please attach any other informatio you think would be relevant to the student's academic adjustment.

Please complete this form, fill out the Healthcare Provider Information section on the last page, sign it, then return it to the student, who will give it to the Distance Provideat Kennesaw State University.

| Date               | RI %LUWK     | Print Name   | Student ID#                             |
|--------------------|--------------|--|---|
| Primary D          | iagnosis: De |  |   |
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|                    |              |  |   |
|                    |              |  |   |
|                    |              |  |   |
|                    |              |  |   |
|                    |              | tions, which affect this student preaks, extra time on tests). | in the academic setting, and suggestion |
| <u>Limitations</u> |              | Recomme  | <u>ndatio</u> ns                        |
|                    |              |  |   |
|                    |              |  |   |
|                    |              |  |   |



| -   |                                | th significant functional impairment in the g, mathematics, or written language.   |
|---|--------------------------------|--|
| cognitive ability, other mental or n      | eurological disorders, lack of | e beeridæres and ruled out (e.g. low<br>f adequate education, visual or auditory<br>cultural/language differences, poor motivatior |
| Healthcare Provider Information (In the s |                                | ,  |
| Provider Signature:  Please print)        |                                | Date:  |
| **Provider name:                          | Title:                         | License #:   |