

**TO:**

**FROM:**

**Webster University**

**RE: Criteria For Documenting Learning Disabilities**

The following student, \_\_\_\_\_ (DOB \_\_\_\_\_), has applied for services available to qualified individuals with disabilities through Webster University. Current and comprehensive documentation of the student's disability must be on file with Webster University in order to determine appropriate and reasonable accommodations. The student has indicated that you could provide this documentation, along with information pertinent to the kinds of accommodations the student may need to function successfully in a college environment. We ask, therefore that you address the criteria outlined below on professional letterhead or complete the attached verification form and accompany it with a note on your letterhead. A signed release of information form from the student is enclosed.

**CRITERIA FOR DOCUMENTING  
LEARNING DISABILITIES**

1. A clear statement of the DSM-IV diagnosis.
2. A description of the test(s) or other assessment procedures used to make the diagnosis (tests designed for adults are preferred). Standard scores or percentiles should be reported wherever possible.
3. A brief background history including family, developmental, psychosocial, and medical information.
4. An assessment of the patient's likely academic achievement levels and any significant limitations to learning or other life activities.
5. A history of prior accommodations, if any.
6. Suggestions of reasonable accommodations for the near future along with rationales for each accommodation.

**WEBSTER UNIVERSITY DISABILITY VERIFICATION FORM**  
**STUDENTS WITH LEARNING DISABILITIES**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ I.D. #: \_\_\_\_\_

**DIAGNOSTIC INFORMATION**

DSM IV diagnosis: \_\_\_\_\_

Pertinent history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Onset of current diagnosed disability: \_\_\_\_\_

\_\_\_\_\_

Summary of present symptoms: \_\_\_\_\_

Assessment procedures and evaluation instruments used: \_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

**MEDICATION/TREATMENT INFORMATION**

Describe current medication needs, side effects, and how the medication will affect the student's educational performance: \_\_\_\_\_

\_\_\_\_\_

How long has the student been taking this medication? \_\_\_\_\_

Is the student still adjusting to or stabilized on the medication? \_\_\_\_\_

Is the student compliant with medication regime as prescribed? \_\_\_\_\_

Does the student need to take medication during class hours? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**INFORMATION SUPPORTING ACCOMMODATION REQUESTS**

**Describe the student's functional limitations in an educational setting:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will the disability affect the student's class attendance? If yes, please explain.** \_\_\_\_\_

\_\_\_\_\_

**How will the disability affect the student's class participation (attending lectures, doing research, writing papers, reading large amounts of information, meeting deadlines, working in small and large groups, etc.)?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements).** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFYING AUTHORITY**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME AND TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please accompany this form with a note on your professional letterhead  
describing how long and under what conditions you have treated this patient.