



Disability Services
disabilityservices@byuh.edu
 808-675-3518

VERIFICATION FORM for LEARNING DISORDERS (LD)

BYU–Hawaii supports a climate of equal opportunity in its programs, activities, and services according to applicable law, including providing accommodations for students with disabilities. As part of the process for requesting accommodations, a student must provide documentation from a qualified practitioner who is the primary treating professional (e.g., licensed psychologist, certified school psychologist, or neuropsychologist) regarding the student’s learning disorder symptoms and their impact on the student's major life activity, and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including full neuropsychological or psychoeducational evaluations or secondary school documentation. Any documentation, including this Verification Form, must meet BYUH DS guidelines for learning disorders.

A summary of the guideline criteria for documenting learning disorders is listed below (more information related to DS documentation and guidelines for learning disorders can be found at the following website: <https://disability.byuh.edu/>)

1. Persistent learning difficulties and academic performance below expectations as measured by objective and statistically sound assessments of aptitude and achievement
2. Educational history of learning difficulties
3. Functional limitations affecting an important life skill, including academic functioning
4. Exclusion of alternative diagnoses or attributing factors
5. Summary and recommendations

This form will be reviewed by the Disability Services Coordinator (DSC) who will verify the disability as to the reliability of the request. The DSC will then notify the student if they are eligible for accommodations.

I. Student Information Section: (Please Print Legibly or Type)

BYUH ID #:

Student’s Name

First:

Middle:

Sur/Last:

Date of Birth:

Student’s Current Address:

Street:

City: State: Zip:

Phone:

Email:

II. Provider Section:

1. Contact with Student

a. Date of initial contact with student:

b. Date of last contact with student:

2. Diagnosis

a. Education History:

i. Does the student have an educational history of a learning disorder?

Yes No

ii. Approximately at what age or grade did the student start to exhibit apparent difficulty learning academic skills?

iii. What date or grade was the student diagnosed with a learning disorder?

iv. Please include any historical information relevant to the student’s learning disorder and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

b. Impact of Learning:

i. Has the student demonstrated a persistent difficulty learning academic skills (for at least six months) despite targeted intervention(s) in the area(s) of academic difficulty?

Yes No

ii. Please check all areas of the student’s documented academic skill difficulties that are substantially below expectations given the student’s age:

	Word decoding and word reading fluency
	Reading comprehension
	Spelling
	Writing difficulties such as grammar, punctuation, organization, and clarity
	Number sense, fact and calculation
	Mathematical reasoning

iii. Did you use objective and statistically sound assessments to evaluate the student’s learning difficulties? Yes No

1. If yes, please provide information regarding the student's global intellectual functioning and current academic functioning as measured by aptitude and achievement tests respectively. This information can be attached to this Verification Form if contained within a neuropsychological or psychoeducational evaluative report (*please include this report with the Verification Form*).

Aptitude: List (a) the name of the comprehensive and current aptitude/cognitive instrument administered; (b) the standard scores per subtest; and (c) the percentiles per subtest.

Achievement: List (a) the name of the comprehensive and current achievement battery administered; (b) the standard scores per academic area subtest; and (c) the percentiles per academic area subtest.

2. If no, how did you reach your conclusion about the learning disorder and necessary interventions and academic accommodations?

c. Functional Impairment:

- i. Is there clear evidence that the student’s learning difficulties are interfering with or reducing the quality of at least one of the following, including academic functioning? Describe how the impairment interferes with functioning.

Academic functioning:	
Social functioning:	
Work functioning:	

d. Alternative Explanations:

- i. Please check all that can be attributed to the student’s academic and learning difficulties:

	Intellectual disability
	Visual or hearing impairment
	Psychological disorder (e.g., depression, anxiety, etc.)
	Neurological disorder
	Psychosocial difficulty
	Language differences (i.e., English as a second language)
	Lack of access to adequate instruction

ii. **DSM-5 Codes:**

Please include all pertinent diagnoses or rule-out diagnoses using *DSM-5* codes.

Principal Diagnosis: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

Other Diagnoses: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

WHODAS 2 Score (If given): _____

3. Functional Limitations and Recommended Accommodations

- a. Please list the student's specific learning difficulties and indicate what reasonable academic accommodations would mitigate the difficulty listed. More detailed information regarding reasonable academic accommodations can be found on the DS website at <https://disability.byuh.edu/>

Difficulty in learning:
Recommended Reasonable Accommodation(s):

Difficulty in learning:
Recommended Reasonable Accommodation(s):

Difficulty in learning:
Recommended Reasonable Accommodation(s):

*Use the back, if necessary.

III. Provider's Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, or neuropsychologist). The provider signing this form must be the same person answering the above questions.

***Note:** For ethical reasons, documentation from a family member or relative cannot be accepted, even if they are licensed.

Provider's Name: (International Providers, please fill out as much information as possible about your qualifications)

First:

Middle:

Last:

Credentials:

License Number*:

State of Licensure:

Street Address:

City:

State:

Zip:

Phone #:

Email Address:

Signature of Provider:

Date:

Stamp Here (unless provider is from BYUH):

**

I authorize BYU-Hawaii to receive information from the healthcare provider above. I also authorize my healthcare provider to discuss relevant information as to my condition(s) with the appropriate and qualified BYU-Hawaii personnel on an as-needed basis.

Signature of Student:

Date:

Submitting this Form:

This form may be returned to the student or submitted directly to the Disability Services Office at BYU-Hawaii. Information regarding BYU-Hawaii's Disability Services Office can be found at: <https://disability.byuh.edu/>. If you have any additional questions, you may contact disabilityservices@byuh.edu or 808-675-3518. Thank you for assisting BYU-Hawaii in this accommodation process.