Please take this cover sheet to your specialist for completion. The type of disability can help determine the credentials of a professional that can provide documentation. For example:

**Learning Disabilities:** Licensed Psychologist or Neuropsychologist

**Attention Deficit Disorders:** Licensed Psychologist, Psychiatrist or Physician

**Psychiatric Impairments:** Licensed Clinical Social Worker, Psychologist or Psychiatrist

**Medical/Health/Physical Disabilities:** Physician/Medical Specialist within area of Disability

*Documentation must be submitted by a qualified practitioner who is not a family member of the student.*

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Student’s full name______________________________________

Student’s email________________________________________ Phone____________________________

One of the following should be attached to this cover sheet to document the individual’s disability and verify the need for accommodations. For Attention Deficit Disorders, Psychiatric Impairments, or Medical/Health/Physical Disabilities, you may use either of the (2) two documentation options listed below. For Learning Disabilities, please only use the “Comprehensive Diagnostic Test Report” option.

**Detailed Diagnostic Narrative** - in letter format, typed on letterhead, with an original signature. (Not for Learning Disabilities) Please include in the narrative:
- the student’s specific diagnosis (es) and the methods used to diagnose the disability
- a history of the disability, including a prognosis
- the specific symptoms manifested by this individual
- a discussion of the ways this disability prevents full participation in classes
- recommendations for accommodations that address the student’s functional limitations and that may be appropriate in the postsecondary environment

**Comprehensive Diagnostic Test Report** typed on letterhead, with an original signature. If testing was done to identify a specific learning disability, it must show either a significant discrepancy of minimally 15 points between IQ and at least one area of achievement OR significant difficulties in minimally one area of information processing. Please include in the report:
- a clinical interview
- a list of all tests administered with all test scores and interpretations
- the identification of global intelligence (IQ)
- an assessment of all areas of achievement
- a separate assessment of all areas of information processing
- a diagnostic summary with a specific diagnosis (es)
- a discussion of the ways this disability prevents full participation in classes
- recommendations for accommodations that address the student’s functional limitations and that may be appropriate in the postsecondary environment

Specialist’s Printed Name __________________________________________________________________________

Specialist’s Signature ________________________________________________________________________________

Specialty Area __________________________________________________________

Contact Telephone Number __________________________________________ Date ____________________

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PLEASE RETURN TO:
Ronda Stone, Disability Resources Coordinator
USI Disability Resources, OC 095
8600 University Boulevard, Evansville, IN 47712
Phone: 812-464-1961 Confidential Fax: 812-464-1935 Effective 07-2013