



SIMMONS COLLEGE

DISABILITY SERVICES

ACADEMIC SUPPORT CENTER, SUITE P304

300 The Fenway · Boston, Massachusetts 02115.5898

phone: 617.521.2473 fax: 617.521.3079

http://my.simmons.edu/services/asc/ssd.shtml

asc@simmons.edu

Student Name: _____

Social Security Number: _____

Simmons ID Number: _____

Simmons College requires the submission of documentation for students with Learning Disabilities who request accommodations through the College. Students must submit a current diagnosis (within the last three years) by a licensed health professional (psychologist, psychiatrist, school psychologist, physicians, and educational specialists). Please have your licensed health professional complete the following information:

(Add attachments as necessary)

■ Section One – Diagnosis Information

PRIMARY DIAGNOSIS: _____

DATE OF ESTABLISHMENT: _____ DATE OF LAST EVALUATION: _____

DESCRIBE STUDENT'S DEVELOPMENTAL AND EDUCATIONAL HISTORY (IF KNOWN): _____

DESCRIPTION OF SYMPTOMS (PARTICULARLY THOSE THAT ESTABLISH A RETROSPECTIVE DIAGNOSIS). _____

■ Section Two – Evaluation Procedures

LIST WHAT ASSESSMENT PROCEDURES AND/OR EVALUATION INSTRUMENTS WERE USED TO MAKE THE DIAGNOSIS AND PROVIDE RESULTS:

PROCEDURE/ INSTRUMENT	STANDARDIZED SCORE	PERCENTILE SCORE	DATE
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PROCEDURE/ INSTRUMENT	STANDARDIZED SCORE	PERCENTILE SCORE	DATE

INTELLECTUAL FUNCTIONING (AS SCORED BY WAIS-3 OR WISC-3): _____

LIST ACADEMIC TESTING RESULTS (MAY INCLUDE NELSON DENNY READING TEST, WRAT-3 OR WOODCOCK-JOHNSON REVISED): _____

■ Section Three – Impact of Diagnosis and Recommendations

WHAT IMPACT DOES THE STUDENT'S LEARNING DISORDER HAVE UPON THEIR ACADEMIC PERFORMANCE? _____

PLEASE PROVIDE A LIST OF APPROPRIATE ACCOMMODATIONS RECOMMENDED AND HOW THEY WILL ADDRESS THE STUDENT'S SPECIFIC NEEDS: _____

OTHER COMMENTS: _____

EVALUATOR: _____

NAME

TITLE

LICENSE NUMBER

ADDRESS: _____

STREET NAME AND NUMBER

SUITE

CITY

STATE

ZIP

PHONE NUMBER

SIGNATURE

DATE