

University of Georgia
 Regents' Center for Learning Disorders
Request to Review Outside Evaluations

Date: _____ From: _____ Institution: _____

Send To: _____

Enclosed, please find documentation submitted on behalf of _____, who is requesting, or is likely to need, accommodations based on: (check all that apply)

- RCLD Report
 Re-Review with additional documentation?
 Re-Review for additional accommodations?
 Veteran
 Learning Disabilities
 Speech/Language
 Neurocognitive Disorder
 Attention-Deficit/Hyperactivity Disorder
 Sensory Issues
 Borderline Intellectual Functioning
 Psychological Disorder
 Autism/Aspergers
 Other Issues _____
 Acquired Brain Injury
 Mobility _____

It is the responsibility of the student, disability service provider, and evaluating psychologist to request specific accommodations.

Test Accommodations	Course Accommodations	RCLD Approval Required RHSC/Accuplacer/Learning Support
<input type="checkbox"/> Reduced Distraction Environment <input type="checkbox"/> Extended Time <input type="checkbox"/> 1.5x <input type="checkbox"/> 2.0x <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> STOP the Clock Breaks <input type="checkbox"/> Text to Speech Software/Reader <input type="checkbox"/> Speech to Text Software/Scribe <input type="checkbox"/> Write Directly on Test <input type="checkbox"/> Word Processing Program <input type="checkbox"/> Spell Check <input type="checkbox"/> Word Prediction Software <input type="checkbox"/> Grammar Check <input type="checkbox"/> Keyboard Access (fine motor skills) <input type="checkbox"/> Organization <input type="checkbox"/> Non-programmable Calculator <input type="checkbox"/> Formula Sheet <input type="checkbox"/> Oral Test Accommodations <input type="checkbox"/> Questions Repeated by Instructor <input type="checkbox"/> Write Questions Before Composing Response <input type="checkbox"/> Extended Time to Formulate Replies on Oral Exams <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Books in Digital Format <input type="checkbox"/> Assistance Obtaining Class Notes <input type="checkbox"/> Assistance Obtaining Class Notes When Absent for Disability Reasons <input type="checkbox"/> Extended Time for In-Class Assignments <input type="checkbox"/> Priority Seating <input type="checkbox"/> Priority Registration <input type="checkbox"/> Written Instructions for Assignments <input type="checkbox"/> Computer/Tablet for Completing Class Assignments <input type="checkbox"/> Speech to Text Software <input type="checkbox"/> Text to Speech Software <input type="checkbox"/> Reduced Course Load <input type="checkbox"/> Flexibility with Classroom Participation <input type="checkbox"/> Appeal for Course Substitution <input type="checkbox"/> Foreign Language <input type="checkbox"/> Departmental Math Requirement <input type="checkbox"/> Other _____ <input type="checkbox"/> Flexibility with Attendance and Related Deadlines <input type="checkbox"/> Class Breaks <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Placement/Admissions Tests (Accuplacer, etc.) <input type="checkbox"/> Text to Speech Software/Reader <input type="checkbox"/> Speech to Text Software <input type="checkbox"/> Spell Check <input type="checkbox"/> Formula Sheet <input type="checkbox"/> Substitution for RHSC Foreign Language Deficiency <input type="checkbox"/> Two Additional Semesters in Learning Support <input type="checkbox"/> Reading <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Core Math Course Substitution <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

