

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

Date: \_\_\_\_\_ From: \_\_\_\_\_ Institution: \_\_\_\_\_

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

- |  |   |         |
|--|---|---------|
| Re-Review with additional documentation  | Re-Review for additional accommodations                                     | Veteran |
| Learning Disabilities                    | Speech/Language <input type="checkbox"/> Neurocognitive Disorder Borderline |         |
| Attention-Deficit/Hyperactivity Disorder | Sensory Issues <input type="checkbox"/> Intellectual Functioning            |         |
| Psychological Disorder                   | Mobility <input type="checkbox"/> Other Issues _____                        |         |
| Acquired Brain Injury                    | Autism Spectrum Disorder _____  |         |

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

**Release of Information from the student is on file or uploaded with the documentation.**

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"/> 1.25x <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 Word Processing Program Spell Check Without Spell Check Word Prediction Software <input type="checkbox"/> Grammar Check <input type="checkbox"/> Keyboard Access (fine motor skills) Non-programmable Calculator Formula Sheet Oral Test Accommodations Questions Repeated by Instructor Write Questions Before Composing Response Extended Time to Formulate Replies on Oral Exams  Other _____  Other _____  Other _____	<input type="checkbox"/> Books in Digital Format <input type="checkbox"/> Assistance Obtaining Class Notes Extended Time for In-Class Assignments Priority Seating Priority Registration Computer/Tablet for Completing Class Assignments Reduced Course Load Flexibility with Classroom Participation Appeal for Course Substitution Foreign Language Departmental Math Requirement Other _____ Flexibility with Attendance and Related Deadlines Class Breaks  Other _____  Other _____  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 _____

