

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             |
| Attention-Deficit/Hyperactivity Disorder | Sensory Issues           | <input type="checkbox"/> Borderline 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 _____

What additional information (e.g., professional observations, feedback from the Interactive Process, faculty input, etc.) can you share about this student to help us make the best, informed, decisions and recommendations, for academic accommodations and services at your institution? Be as extensive or specific as you like. Your professional opinion/observations often become the documentation that is needed to support a final access decision. Thank You!