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Ivy Tech Community College of Indiana
Learning Disability Documentation Guidelines

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The document should include current test results or other professional findings that establish a basis for services or accommodations; they may be submitted as part of a more comprehensive evaluative report.

Responses to the guideline should be typed on letterhead. Please do not submit handwritten documentation. The documentation should include the following information from a **licensed professional**: today's date, dates of evaluation, evaluator's printed name, evaluator's signature, evaluator's address, evaluator's fax, and evaluator's telephone.

Documentation may include assessments, reports, and/or letters from qualified evaluators, professionals, or institutions.
Comprehensive testing is required. All tests must be age appropriate, nationally normed, and individually administered.

Aptitude-
Cognitive evaluations should have been administered within the last 10 years.

Achievement-
Evaluations within the last 10 years should assess functioning in the areas in which accommodations are requested.

Information Processing-
Specific areas of information processing (e.g. short and long term memory, sequential memory, auditory and visual perception processing, and processing speed) must be assessed.

Evaluation results are factored into the determination of reasonable accommodations, so it is in the student's best interest to provide appropriate and accurate documentation.

Provide clear and detailed evidence that indicates specific learning disabilities. Individual "learning styles," "learning differences," "academic difficulties," and "test difficulty and anxiety" in and of themselves do not specify a learning disability.

List the exact instruments used for assessment. Specify any exceptions to standardized procedures, report test score data in percentile or standard scores, and include a written interpretation of the results by the evaluating professional.

Please send or fax the requested information to the following:

Ivy Tech Community College Office of Disability Support Services
Attn: <Name>
<Address>
<City, IN, Zip>
<Fax Number>