



Academic Affairs • Office of Student Accessibility Services
118 Beacon Street • Boston, MA 02116
Phone (617) 670-4429 • Fax 617-670-4439

Disability Verification Form - Learning Disability

Student Name: _____ Date: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____ Student ID#: _____

What is the student's learning disability diagnosis: _____

Date First Diagnosed: _____ Date of last evaluation: _____

Evaluation Completed By: _____

TEST RESULTS:

Aptitude/Intelligence – (i.e. WAIS-III):

Full Scale IQ _____ Verbal IQ _____ Performance IQ _____

Intellectual Functioning Range: _____

Achievement – (i.e. Woodcock-Johnson):

Reading: Standard Score _____ Percentile _____ Grade Level _____

Spelling: Standard Score _____ Percentile _____ Grade Level _____

Arithmetic: Standard Score _____ Percentile _____ Grade Level _____

Recommendations for accommodations given the specific disability (Accessibility Services will consider this to determine services):

Professional's Name/Title (Print): _____ Phone: _____

Address: _____ City: _____ State: _____

Signature: _____ Date: _____

This form must be submitted along with current Neuropsychological or Psychoeducational Evaluation completed within the past 3 years.