

The Regents' Center for Learning Disorders
University of Georgia

Learning Disabilities Documentation Checklist

Name _____ DOB _____ Status _____
Planned Enrollment Term _____ Referring School _____

Y N Documentation within 3 years? Date _____ If no, do not go any further.
Y N Diagnosis Clearly Stated? What is Diagnosis? _____ If no, do not go any further.
Y N Examiner Credentials: Licensed Psychologist, Other _____

Areas of Documentation

Y N Broad Cognitive Ability (e.g., IQ, Composite Score) _____
Y N Cognitive Processing _____
Y N Oral Language _____
Y N Emotional/Personality _____
Y N Reading Word Attack/Decoding _____
Y N Reading Comprehension _____
Y N Spelling _____
Y N Written Expression _____
Y N Math Calculation _____
Y N Math Application _____
Y N Documentation Accepted? If no, _____

Strengths

Cognitive _____

Academic _____

Other _____

Deficits

Cognitive _____

Functional Limitations

Academic _____

Other _____

Y N Are functional limitations reasonably caused by the identified language or cognitive deficits?

Areas to be addressed _____

Accommodation Notes _____
