



# The University of Georgia

*Regents' Center for Learning Disorders*

Dear Student:

The Regents' Center for Learning Disorders (RCLD) at the University of Georgia appreciates your interest in our evaluation services. The RCLD will assist you in obtaining an evaluation to determine eligibility for services and academic accommodations during your college career. The RCLD is one of three regional assessment sites in Georgia established by the University System's Board of Regents. As such, the RCLD provides assessment for students within its designated area.

Since you have decided to be evaluated, there are several steps you must follow. This packet contains instructions and materials that you need to complete so that your evaluation can be scheduled. Please complete all the information listed on the checklist. When all of this information is collected, send it and the evaluation fee (explained below) to:

Ms. Tasha Falkingham  
The Regents' Center for Learning Disorders  
The University of Georgia  
331 Milledge Hall  
Athens, GA 30602-5875  
(706) 542-4589  
(706) 583-0001 (fax)

When the completed packet and fee are received at the RCLD, you will be contacted and scheduled for two days of evaluation. *The cost of the evaluation is \$500 to be paid prior to any appointments being made.* The fee for testing is payable by check, credit card, or money order. The RCLD does not file insurance. If you are a University of Georgia student and are applying for financial assistance through the Fritch Fund, send the completed Fritch Fund Application, along with any portion of the fee you plan to pay, with the packet. The evaluation will be scheduled after the Fritch Fund application is approved, or after we receive the full \$500 if the application is not approved. If Vocational Rehabilitation is paying for the evaluation, we must receive an authorization for payment from your disability counselor prior to scheduling.

You will be notified by phone of evaluation results approximately one week after the evaluation. With your permission, the appropriate office will be notified to begin any accommodations for which you are eligible. Approximately four weeks after the evaluation, a feedback will be held during which evaluation findings, recommendations, and suggestions will be discussed, and you will receive a written report.

The Regents' Center for Learning Disorders is here to assist you. After reviewing these materials, should you have any questions or concerns, please contact Ms. Tasha. She can answer most of your questions or direct you to the appropriate person.

Sincerely,

William A. Lindstrom, Jr., Ph. D.  
Director

## CHECKLIST

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class standing (circle one): admissions applicant / developmental studies / freshman /  
sophomore / junior / graduate student / on probation / on dismissal

**Why do you need this evaluation?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following items and return to the UGA Regents' Center for Learning Disorders:**

**\* Required for packet to be complete**

- \_\_\_\_ Accommodations Approval Form\*
- \_\_\_\_ Release of Information\*
- \_\_\_\_ Case History\*
- \_\_\_\_ Transcripts\*
- \_\_\_\_ Past Evaluations and/or Pertinent Medical Records\*
- \_\_\_\_ ADHD Checklist from Student (self-report)\*
- \_\_\_\_ ADHD Checklist from Parent/Significant Other\*
- \_\_\_\_ Sample of Unassisted Writing\*
- \_\_\_\_ Hearing Acuity Screening
- \_\_\_\_ Vision Exam
- \_\_\_\_ Sample of Best Writing and Written Language Checklist
- \_\_\_\_ Study Habits Checklist
- \_\_\_\_ Possible Foreign Language Problems (Optional)
- \_\_\_\_ RCLD Refund Policy (keep second copy for your records)\*
- \_\_\_\_ \$500 payment\*

Once the completed packet and payment have been received, the RCLD will contact you to schedule an interview and evaluation.

Did an agency (i.e. Disability Services) on campus refer you?

If so, who? \_\_\_\_\_

## CHECKLIST: Explanation of Items

The following items must be completed before an evaluation can be scheduled. Please collect this information and check off each completed item. Please return the items in **one group**, not individually.

1. **Accommodation approval form:** The student should sign and date the form in the appropriate space.
2. **Release of information signed by student:** You should check YES or NO to each item that applies, then sign and date the form. Your witness can be one of your parents.
3. **Case History:** You should complete this as thoroughly as possible. Your parents may need to assist you with some items concerning your developmental and birth history. Please complete appropriate sections in your own handwriting.
4. **Hearing acuity screening:** This can be a statement from your audiologist or health department about the current status of your hearing acuity.
5. **Vision exam:** This can be a statement from an optometrist or health department about the current status of your vision.
6. **Transcripts:** Send your most recent college and/or high school transcripts. If you are applying for admission or have taken only a few college courses, high school transcripts would be most appropriate. (Transcript does not have to be an official transcript.)
7. **Past evaluation/pertinent medical records:** These include psychological evaluations, school IEPs, school evaluations, and medical records concerning conditions that might affect your ability to learn (i.e., head injuries, seizure disorders, etc.). If you have never been evaluated or your evaluations are unavailable, please note this on the checklist.
8. **ADHD Checklist:** There are two of these. One is to be completed by you and one by a parent/guardian or significant other.
9. **Writing samples:** Send TWO samples of your written language. Send one sample in which you have received no assistance. An in-class essay that has been graded without corrections will be fine. The other sample should be one of your best efforts, perhaps using a word processor and having tutorial assistance. Again, this can be a class paper that has been graded. Fill out the Written Language Checklist for your “best effort” paper.
10. **Study Habits Checklist:** Complete by following the directions.
11. **Possible foreign language problems (optional):** If foreign languages have been a problem for you in the past, it would be helpful to have a letter from your high school LD or foreign language tutor talking about the problems you experienced.
12. **RCLD Refund Policy:** Explanation of UGA RCLD’s guidelines for refunds. Sign and return one form and keep the second form for your records.
13. **Payment:** Your check should be made payable to the Regents Center for Learning Disorders and be included in the completed evaluation packet. To make a payment by credit card, please fill out and sign the enclosed Credit Card Agreement form and return it with your completed packet.



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# The University of Georgia

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*Regents' Center for Learning Disorders*

## RCLD Refund Policy

**Cancellation-Processing/Administration Fee:** There is a \$15 cancellation/refund processing fee for every refund request.

**Cancellation/Refund Requests Prior to Scheduling:** A full refund (minus the \$15 processing fee) will be issued if written request is made prior to appointments being scheduled.

**Cancellation/Refund Requests After Scheduling:** A 90% refund (minus the \$15 processing fee) will be issued if written request is made prior to 14 days before the first appointment date.

**No Refunds:** No refunds are issued if cancellation/refund request is made within 14 days prior to the first appointment date.

**No-Show:** A \$50 no show fee may be charged to any client that has not given adequate notice of an appointment cancellation and is payable prior to rescheduling.

Exceptions to the above refund policy may be granted under exceptional circumstances and with approval from the director of the UGA RCLD.

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William Lindstrom, Ph.D.  
Director

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Client Signature or Parent/Guardian Signature if under 18



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William Lindstrom, Ph.D.  
Director

Copy to retain for your records

Referring School/College: \_\_\_\_\_

### RELEASE OF INFORMATION

I, \_\_\_\_\_, in signing this form, signify my understanding that:

\_\_\_ YES \_\_\_ NO I have completed the information contained in this packet to the best of my ability and agree for it to be released to the Regents Center for Learning Disorders (RCLD) at The University of Georgia.

\_\_\_ YES \_\_\_ NO I understand that this information will be used as part of a diagnostic evaluation of my intellectual, cognitive, language, and academic abilities, as well as emotional status. I understand the purpose of the diagnostic evaluation and have discussed the objectives for my participation with someone from my college.

\_\_\_ YES \_\_\_ NO I understand that having this evaluation will not guarantee that a diagnosis of a disability will be made by the RCLD.

\_\_\_ YES \_\_\_ NO I understand that admission to any college in the University System of Georgia is not guaranteed by a diagnosis of a learning disorder. Although some colleges may make special admissions considerations, I understand that admissions decisions are made based on high school GPA, SAT or ACT scores, and fulfillment of CPC requirements. Specific accommodations are also not guaranteed and will be determined by my individual pattern of processing deficits.

\_\_\_ YES \_\_\_ NO I give permission for the RCLD to send a copy of my report and discuss my test results with \_\_\_\_\_ at my college.

\_\_\_ YES \_\_\_ NO I give permission for the RCLD to discuss my evaluation with my parents.

\_\_\_ YES \_\_\_ NO I give permission for the RCLD to discuss scheduling and financial arrangements with my parents.

\_\_\_ YES \_\_\_ NO I understand that if I do not authorize the release of the final report to the paying agency (e.g. vocational rehabilitation), I will be responsible for payment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## ACCOMMODATION FOR STUDENTS WITH LEARNING DISABILITIES

The primary function of the Regents Centers for Learning Disorders is to provide, or approve, documentation for modifications of the following system policy and procedures as outlined in the Academic Affairs Handbook:

1. Substitution of the CPC foreign language requirement
2. Extension of semesters in Academic Assistance/Developmental Studies
3. Modifications of Regents' Test or Collegiate Placement Examination (CPE)  
(Modifications other than those specified by policy and procedure.)

In order to receive one of these University System modifications, the Regents Office must have on file a record of an individual's approved status by one of the three current Regents Centers for Learning Disorders. Therefore, upon completion of testing or review of documentation, the evaluation centers will inform the Regents Office in writing of modifications, if any, which would be appropriate based on evaluation results. Check one choice below, either giving or not giving permission to contact the Board of Regents with the test results:

I, \_\_\_\_\_, **give permission** for the Regents Center for Learning Disorders at The University of Georgia to notify the Georgia Board of Regents of my eligibility to receive modifications of applicable University System policy and procedures.

Date \_\_\_\_\_

OR

I, \_\_\_\_\_, **do not give permission** for the Regents Center for Learning Disorders at The University of Georgia to notify the Georgia Board of Regents of my eligibility to receive modifications of applicable University System policy and procedures. By signing this section, I fully understand that I may not be granted approval for Regents level modifications related to my learning disability.

Date \_\_\_\_\_