



The University of Georgia

Regents' Center for Learning Disorders

Dear Parents and Student:

The Regents' Center for Learning Disorders at the University of Georgia appreciates your interest in the Regents Center for Learning Disorders (RCLD) located at the University of Georgia. The Regents' Center for Learning Disorders will assist you in obtaining an evaluation to determine eligibility for services and academic accommodations during your transition to college. The Regents' Center is one of three regional assessment sites in Georgia established by the University System's Board of Regents. As such, the Regents Center 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 interview and 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. Karen Myers
The Regents' Center for Learning Disorders
The University of Georgia
331 Milledge Hall
Athens, GA 30602-5875
(706) 542-4589

When the completed packet and fee are received at the Regents' Center for Learning Disorders, Ms. Myers will forward the packet to the RCLD. You will be contacted and scheduled for an interview at the RCLD. After completion of the interview, an evaluation appointment will be scheduled. *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. If Vocational Rehabilitation is paying for the evaluation, we must receive an authorization for payment from your disability counselor prior to scheduling the interview appointment.

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 six 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. Myers. She can answer most of your questions or direct you to the appropriate person.

Sincerely,

Noël Gregg, Ph.D.
Director

William A Lindstrom, Jr., Ph. D.
Head of Evaluation

High School Evaluation Checklist

Name: _____ Date of Birth: _____

Name of School: _____

Type of School (circle one): Public Private

Class standing (circle one): high school junior high school senior

Why do you need this evaluation? _____

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

Check	Required Items
	Accommodation approval form
	Release of information
	Case History
	ADHD Checklist from student (self-report)
	ADHD Checklist from significant
	Individualized Education Plan (if applicable) with eligibility statement
	Sample of unassisted writing
	\$ 500 payment
Check	Additional Items
	Hearing Acuity Screening
	Vision Exam
	Transcripts
	Past Evaluations / pertinent medical records
	Study Habits Checklist
	Sample of best writing & Written Language Checklist
	Possible foreign language problems (Optional)

When the above information is completed and returned to the Regents Center for Learning Disorders, you will be contacted and scheduled for the interview and evaluation appointments.

Referral Source: _____

High School: _____

RELEASE OF INFORMATION

I, _____, parent/guardian of _____,
in signing this form, signify my understanding that:

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

___ **YES** ___ **NO** My student and I understand that this information will be used as part of a diagnostic evaluation of my child's intellectual, cognitive, language, and academic abilities, as well as emotional status. We understand the purpose of the diagnostic evaluation and have discussed the objectives for participation with someone from the high school.

___ **YES** ___ **NO** My student and I understand that having this evaluation will not guarantee that a diagnosis of a disability will be made by the RCLD.

___ **YES** ___ **NO** My student and 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, we 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 based on a pattern of processing deficits.

___ **YES** ___ **NO** My student and I give permission for the RCLD to send a copy of my student's report and discuss the test results with _____ at the high school.

___ **YES** ___ **NO** My student and I understand that a parent/guardian must accompany a minor student (17 or under) on the first day of evaluation to complete the interview and informed consent.

___ **YES** ___ **NO** My student and I understand that if we do not authorize the release of the final report to the paying agency (e.g. Vocational Rehabilitation), we will be responsible for payment.

Parent/Guardian Signature Date

Witness Signature Date