FORM B-LD

REASONABLE TESTING ACCOMMODATIONS
SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES
(To be completed by a licensed professional)

An applicant with a specific learning disability must have been identified by a psycho-educational assessment process which includes data from both cognitive and achievement measures listed below. Testing must also:
   1. have been administered within the last three years;
   2. identify an information processing deficit;
   3. certify that the applicant's aptitude is within the normal range;
   4. identify an aptitude-achievement discrepancy of 1.5 standard deviations.

(Please type)
Applicant Name: _____________________________________________________________

Nature and extent of impairment: ______________________________________________

Summary of diagnosis: _________________________________________________________

Indicate below the specific tests and scores used to identify the specific learning disabilities:

COGNITIVE ASSESSMENT: (Date Cognitive Assessment Completed: ____________)

WECHSLER ADULT INTELLIGENT SCALE-REVISED (WAIS-R)
   Verbal __________ Performance: __________ Full Scale: __________

SCALED SCORES:
   Information __________ Picture Completion __________
   Digit Span __________ Picture Arrangement __________
   Vocabulary __________ Block Design __________
   Arithmetic __________ Object Assembly __________
   Comprehension __________ Digit Symbol __________
   Similarities __________
Mean (X) of scaled score __________ Performance __________

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY-REVISED-PART 1;
COGNITIVE STANDARD SCORES ONLY:

   Full Scale Broad Cognitive __________ Processing Speed __________
   Reading Aptitude __________ Auditory Processing __________
   Math Aptitude __________ Visual Processing __________
   Written Language Aptitude __________ Short Term Memory __________
   Other __________ Other __________
**PROCESSING DEFICIT ASSESSMENT:**

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<thead>
<tr>
<th>Test</th>
<th>Sub-Test</th>
<th>Standard/Scaled Scores</th>
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<tbody>
<tr>
<td>WAIS-R</td>
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<td>WOODCOCK</td>
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<tr>
<td>JOHNSON-R</td>
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<td>OTHER</td>
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**ACHIEVEMENT ASSESSMENT:** (Date Achievement Assessment Completed: _______)

Test scores documenting 1.5 Standard Deviations below aptitude.

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<th>Sub-Test</th>
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<tbody>
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<td>WOODCOCK</td>
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<tr>
<td>JOHNSON-R</td>
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<td>WRAT</td>
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<td>NELSON-DENNY</td>
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<td>OTHER</td>
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**APTITUDE ACHIEVEMENT DISCREPANCY:**

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<thead>
<tr>
<th>Aptitude Measure/Subtest(s)</th>
<th>Standard Score</th>
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<tr>
<th>Achievement Measure/Subtest(s)</th>
<th>Standard Score</th>
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How will this condition be ameliorated by the recommended test accommodation?

________________________________________________________________________________

________________________________________________________________________________

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Professional  
Name (print)  
Date

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Board of Chiropractic Examiners to assist in determining reasonable testing accommodations.