

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:

Test	Sub-Test	Standard/Scaled Scores
WAIS-R	_____	_____
	_____	_____
WOODCOCK JOHNSON-R	_____	_____
	_____	_____
OTHER	_____	_____

ACHIEVEMENT ASSESSMENT: (Date Achievement Assessment Completed: _____)

Test scores documenting 1.5 Standard Deviations below aptitude.

Test	Sub-Test	Standard/Scaled Scores
WOODCOCK JOHNSON-R	_____	_____
	_____	_____
WRAT	_____	_____
	_____	_____
NELSON- DENNY	_____	_____
OTHER	_____	_____

APTITUDE ACHIEVEMENT DISCREPANCY:

Aptitude Measure/Subtest(s)	Standard Score
_____	_____
Achievement Measure/Subtest(s)	_____
_____	_____

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.