The Counseling, Accessibility, and Psychological Services (CAPS) Office provides academic accommodations and services to students with learning disabilities. Students seeking accommodations must provide appropriate documentation of their disability so that CAPS can determine the student’s eligibility for accommodations and the appropriate academic accommodations.

In order to verify the disability and its severity, CAPS requires that a report of the student’s evaluation be provided, as well as a completed and signed copy of the attached form. A professional with appropriate training and credentials must prepare the evaluation. The date of the evaluation must be indicated in the report. The evaluation must have used widely recognized tests that have been standardized for the age of the student at the time of testing. In addition to a widely recognized IQ test such as the WAIS, the evaluation should include any additional psycho-educational testing. Please include all relevant test scores in the text of your report or in an accompanying summary of test results. This material will be kept confidential and will be utilized to determine the student’s eligibility for accommodations and/or services along with the type of accommodations or level of service required.

These requirements have been established because non-standardized tests and/or incomplete/outdated assessment reports do not enable CAPS to accurately assess the student’s accommodation needs. CAPS goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his/her particular academic program. In reviewing specific accommodation requests, CAPS may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student’s academic program. In addition, CAPS may also propose accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

Please return information to:
The University of Michigan-Flint
Counseling, Accessibility, and Psychological Services
264 University Center
Flint, MI 48502
Phone (810) 762-3456
Fax (810) 762-3498
TO BE COMPLETED BY THE STUDENT’S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Learning Disabilities:

1. Current verification of diagnosis and level of severity.
2. Evidence of significant functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with learning disabilities, Counseling, Accessibility, and Psychological Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous evaluation and accommodations granted, results of medical tests (where appropriate), results of your evaluation, specific diagnostic testing, and a statement regarding the severity and longevity of the disability. Also please be sure to include your recommendations for treatment, follow-up, and accommodations for the student. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation.

Thank you for your cooperation.

1. Student Name__________________________________________________________

2. Diagnosis_____________________________________________________________

3. Date of Diagnosis _____/_____/_____

4. Date of last clinical contact with student_____/_____/

5. Approximate duration and prognosis of disorder.______________________________

6. Severity of disorder._____________________________________________________

7. Describe procedures used to establish diagnosis.____________________________

__________________________________________________________________________

8. Results of specific diagnostic testing completed (attach assessment if available).

__________________________________________________________________________

__________________________________________________________________________
9. Describe any previously used accommodations in an educational setting.

________________________________________________________________________

________________________________________________________________________

10. Describe the student’s functional limitations in an educational setting.

________________________________________________________________________

________________________________________________________________________

11. Please provide recommendations for accommodations that you believe will help equalize the student’s ability to access the University of Michigan-Flint’s educational program.

________________________________________________________________________

________________________________________________________________________

12. Please provide a medication history for the student, if applicable.

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________________________________________________________________________

13. Please provide any additional information you feel will be useful in determining the nature and severity of this student’s disability and any additional recommendations that may assist CAPS in determining appropriate accommodations and interventions.

________________________________________________________________________

________________________________________________________________________

I certify, by my signature below, that I conducted or formally supervised the diagnostic assessment of the student named above.

Signature ______________________________________ Date ___________________

Print Name and Title ______________________________________________________

Address ________________________________________________________________

Phone (____) ____________________________ Fax (____) ______________________