LEARNING DISABILITY ASSESSMENT

The Learning Disabilities Specialist provides diagnostic testing and recommendations to enrolled WCC students who suspect they may have a learning disability and who have not been tested previously or whose testing is outdated.

Referral:
Referrals to the LD Specialist may be initiated by students (self-referral), from instructors, staff or outside agencies. A referral form is available at Learning Support Services. The Specialist will then contact the student for a consulting appointment and determine if an evaluation is necessary.

The Goal:
To assess and identify educational needs and assist students in learning strategies.

Testing Times:
Testing assessment times are arranged by appointment. The LD Specialist is not available while testing.

Services Provided:
- Provide consultation for students experiencing learning difficulties.
- Conduct cognitive and achievement testing and make recommendations based on test results.
- Advise students on learning strategies appropriate to their specific learning disabilities.
- Provide information on other conditions, e.g. Attention Deficit Disorder and Traumatic Brain Injury that may also interfere with learning.
- Refer students to appropriate campus resources, e.g. Learning Support Services, Counseling, Career Planning and Placement and coordinate student needs with appropriate staff.
- Make referrals to outside agencies, e.g. Michigan Rehabilitation Services.

For more information: Please call 973-3342 or stop by LA 104.
LEARNING DISABILITY ASSESSMENT REFERRAL FORM

This form serves as a request for a consult with a Learning Disability (LD) Specialist. Once this form is filled out and turned in, a Learning Disability Specialist will contact you within 5 business days. The LD Specialist will determine if an evaluation is necessary during the consult appointment.

NAME: ________________________________________________
STUDENT ID #: _________________________________________
DATE OF BIRTH: ________/______/______________

ADDRESS: ______________________________________________
______________________________________________
City                                      State                                      Zip

PHONE NUMBER:(_______)____________________________________
E-MAIL ADDRESS:__________________________________________

Are you a registered student at Washtenaw Community College:  _____Yes    _____No
(If no, you do not need to complete this form as you are not eligible for testing services)

Are you an ESL student?  _______Yes                      ________No
If yes, what classes are you enrolled in?
________________________________________________________________________
________________________________________________________________________

Is this your last semester at Washtenaw Community College?         ____Yes  ______No

Have you even been diagnosed with a Learning Disability before? _____Yes ______No
If yes, when? ______________________________________________

REASON FOR REQUEST (brief statement):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For Office Use Only:
Assigned LD Specialist: ____________________________________________
Date of Contact: ________________________        Appointment Date: ________________________
Notes:  _______________________________________________________________
________________________________________________________________________
________________________________________________________________________