

Washtenaw Community College
Learning Support Services – LA 104
4800 East Huron River Dr.
P.O. Box D-1
Ann Arbor, MI 48106-1610

TEL: (734) 973-3342
TTY: (734) 973-3635
FAX: (734) 477-8517
<http://www.wccnet.edu>

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students who suspect they may have a learning disability and who have not been tested previously or whose testing is outdated.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.

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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):

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For Office Use Only:
Assigned LD Specialist: _____
Date of Contact: _____ Appointment Date: _____
Notes: _____

