



# SOUTHWESTERN COLLEGE

Office of Disability Services

## Documentation of Learning Disability/ADD (To be completed by a qualified professional)

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form I grant permission for information concerning my disability to be released to Southwestern College, Office of Disability Services. All documentation of disability information is treated as confidential material.

Signature; \_\_\_\_\_ Date: \_\_\_\_\_

The above student has requested that you complete the following information to verify their disability. To ensure the provision of reasonable and appropriate services for students with learning disabilities or ADD, students needing such services are required to provide current and comprehensive documentation of their disability. We ask that you complete the following sections or provide a written report that addresses all of the areas listed below. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or service, academic adjustment, or other accommodation is appreciated.

Date of Diagnosis: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Qualified Professional Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_

Please return this form to:

**Steve Kramer**  
**Disability Services Coordinator**  
**Southwestern College**  
**100 College Street**  
**Winfield, KS 67156**  
**Scan/Email: [steve.kramer@sckans.edu](mailto:steve.kramer@sckans.edu)**  
**Fax: 620-229-6363**