



UNIVERSITY OF  
GEORGIA

Regents' Center for Learning Disorders

*Franklin College of Arts and Sciences*

Dear Student:

The Regents' Center for Learning Disorders (RCLD) at the University of Georgia appreciates your interest in our evaluation services. The RCLD will assist you in obtaining an evaluation to determine eligibility for services and academic accommodations during your college career. The RCLD is one of three regional assessment sites in Georgia established by the University System's Board of Regents. As such, the RCLD provides assessment for students within its designated area.

Since you have decided to be evaluated, there are several steps you must follow. This packet contains instructions and materials that you need to complete so that your evaluation can be scheduled. Please complete all the information listed on the checklist. When all of this information is collected, send it and the evaluation fee (explained below) to:

Ms. Tasha Falkingham  
The Regents' Center for Learning Disorders  
The University of Georgia  
331 Milledge Hall  
Athens, GA 30602-5875  
(706) 542-4589  
(706) 583-0001 (fax)

When the completed packet and fee are received at the RCLD, you will be contacted and scheduled for two days of evaluation. *The cost of the evaluation is \$500 to be paid prior to any appointments being made.* The fee for testing is payable by check, credit card, or money order. The RCLD does not file insurance. Financial assistance may be available. For more information, contact the Disability Service Provider at your institution. If Vocational Rehabilitation is paying for the evaluation, we must receive an authorization for payment from your disability counselor prior to scheduling.

You will be notified by phone of evaluation results approximately one week after the evaluation. With your permission, the appropriate office will be notified to begin any accommodations for which you are eligible. Approximately four weeks after the evaluation, a feedback will be held during which evaluation findings, recommendations, and suggestions will be discussed, and you will receive a written report.

The Regents' Center for Learning Disorders is here to assist you. After reviewing these materials, should you have any questions or concerns, please contact Ms. Tasha. She can answer most of your questions or direct you to the appropriate person.

Sincerely,

Will Lindstrom, Ph.D.  
Director

**UGA RCLD EVALUATION REFERRAL PACKET CHECKLIST**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class standing (circle one): admissions applicant / developmental studies / freshman / sophomore / junior / graduate student / on probation / on dismissal

**Why do you need this evaluation?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following items and return to the UGA Regents' Center for Learning Disorders:**

**Required for packet to be complete:**

- \_\_\_\_\_ Release of Information
- \_\_\_\_\_ Case History
- \_\_\_\_\_ Past Evaluations and/or Pertinent Medical Records
- \_\_\_\_\_ RCLD Refund Policy (keep second copy for your records)
- \_\_\_\_\_ \$500 Payment
- \_\_\_\_\_ Transcripts *(unofficial transcript is acceptable)*
- \_\_\_\_\_ BAARS-IV: Self Report: Current Symptoms *(See rating scale instructions page)*
- \_\_\_\_\_ BAARS-IV: Self Report: Childhood Symptoms *(See rating scale instructions page)*
- \_\_\_\_\_ SCT: Self Report: Childhood Symptoms *(See rating scale instructions page)*
- \_\_\_\_\_ Adult Reading History Questionnaire *(See rating scale instructions page)*
- \_\_\_\_\_ BAARS-IV: Other-Report: Current Symptoms *(See rating scale instructions page)*
- \_\_\_\_\_ BAARS-IV: Other-Report: Childhood Symptoms *(See rating scale instructions page)*
- \_\_\_\_\_ SCT: Other Report: Childhood Symptoms *(See rating scale instructions page)*

**Recommended additional items:**

- \_\_\_\_\_ Possible Foreign Language Problems (Optional)

Once the completed packet and payment have been received, the RCLD will contact you to schedule an interview and evaluation.

Did an agency (i.e. Disability Services) on campus refer you?

If so, who? \_\_\_\_\_

## CHECKLIST: Explanation of Items

The following items must be completed before an evaluation can be scheduled. Please collect this information and check off each completed item. Please return the items in **one group**, not individually.

### Required:

1. **Release of information signed by student:** You should check YES or NO to each item that applies, then sign and date the form. Your witness can be one of your parents.
2. **Case History:** You should complete this as thoroughly as possible. Your parents may need to assist you with some items concerning your developmental and birth history. Please complete appropriate sections in your own handwriting.
3. **Past evaluations and/or /pertinent medical records:** These include psychological evaluations, school IEPs, school evaluations, and medical records concerning conditions that might affect your ability to learn (i.e., head injuries, seizure disorders, etc.). If you have never been evaluated or your evaluations are unavailable, please note this on the checklist.
4. **RCLD Refund Policy:** Explanation of UGA RCLD's guidelines for refunds. Sign and return one form and keep the second form for your records.
5. **Payment:** Your check should be made payable to the Regents Center for Learning Disorders and be included in the completed evaluation packet. To make a payment by credit card, please fill out and sign the enclosed Credit Card Agreement form and return it with your completed packet.
6. **Transcripts:** Send your most recent college and/or high school transcripts. If you are applying for admission or have taken only a few college courses, high school transcripts would be most appropriate. (Transcript does not have to be an official transcript.)
7. For the following rating scales see rating scale instructions page:
  - \*BAARS-IV: SR: Current Symptoms
  - \*BAARS-IV: SR: Childhood Symptoms
  - \*SCT: SR: Childhood Symptoms
  - \*Adult Reading History Questionnaire
  - \*BAARS-IV: OR: Current Symptoms
  - \*BAARS-IV: OR: Childhood Symptoms
  - \*SCT: OR: Childhood Symptoms

### Recommended

1. **Possible foreign language problems (optional):** If foreign languages have been a problem for you in the past, it would be helpful to have a letter from your high school LD or foreign language tutor talking about the problems you experienced.



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**RCLD Refund Policy**

**Cancellation/Refund Processing Fee:** There is a \$15 processing fee for every refund request.

**Cancellation/Refund Requests:**

- A **full refund** (minus the \$15 processing fee) will be issued if written cancellation/refund request is made prior to 5 working days before the first appointment date.
- A **50% refund** (minus the \$15 processing fee) will be issued if cancellation/refund request is made within 5 working days of the first appointment date.

**Cancellation/Rescheduling Requests:**

- A **\$50 cancellation/rescheduling fee** may be charged to any client that requests within two working days of the appointment a cancellation and rescheduling. The \$50 fee is to be paid prior to rescheduling.

**No-Show/Refund Requests:**

- **No refunds** are issued for clients who request a refund after failing to show for their appointment without giving notice.

**No-show/Rescheduling Requests:**

- A **\$75 no-show fee** may be charged to any client that has failed to show for their appointment, yet wants to reschedule. The fee is payable prior to rescheduling.

Please note that clients are expected to put forth proper effort at all times and answer questions honestly during the evaluation. If test performances suggest that a client is not exhibiting proper effort or is exaggerating symptoms, test results can be invalidated, resulting in inconclusive findings. No refunds are available in such cases.

Exceptions to the above refund policy may be granted under exceptional circumstances and with approval from the director of the UGA RCLD.

Will Lindstrom, Ph.D.  
Director

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Client Signature or Parent/Guardian  
Signature if under 18



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Will Lindstrom, Ph.D.  
Director

**Copy to retain for your records**

Referring School/College: \_\_\_\_\_

### RELEASE OF INFORMATION

I, \_\_\_\_\_, in signing this form, signify my understanding that:

\_\_\_\_ YES \_\_\_\_ NO I have completed the information contained in this packet to the best of my ability and agree for it to be released to the Regents Center for Learning Disorders (RCLD) at The University of Georgia.

\_\_\_\_ YES \_\_\_\_ NO I understand that this information will be used as part of a diagnostic evaluation of my intellectual, cognitive, language, and academic abilities, as well as emotional status. I understand the purpose of the diagnostic evaluation and have discussed the objectives for my participation with someone from my college.

\_\_\_\_ YES \_\_\_\_ NO I understand that having this evaluation will not guarantee that a diagnosis of a disability will be made by the RCLD.

\_\_\_\_ YES \_\_\_\_ NO I understand that admission to any college in the University System of Georgia is not guaranteed by a diagnosis of a learning disorder. Although some colleges may make special admissions considerations, I understand that admissions decisions are made based on high school GPA, SAT or ACT scores, and fulfillment of CPC requirements. Specific accommodations are also not guaranteed and will be determined by my individual pattern of processing deficits.

\_\_\_\_ YES \_\_\_\_ NO I give permission for the RCLD to discuss scheduling and financial arrangements with my parents.

\_\_\_\_ YES \_\_\_\_ NO I give permission for the RCLD to discuss scheduling and financial arrangements with \_\_\_\_\_ at my college.

\_\_\_\_ YES \_\_\_\_ NO I understand that if I do not authorize the release of the final report to the paying agency (e.g. vocational rehabilitation), I will be responsible for payment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date