

Dear Parents and Student:

The Regents' Center for Learning Disorders (RCLD) at the University of Georgia appreciates your interest in our evaluation services here at the University of Georgia. The RCLD will assist you in obtaining an evaluation to determine eligibility for services and academic accommodations during your transition to college. 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. 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,



William A. Lindstrom, Jr., Ph. D.
Director

UGA RCLD EVALUATION REFERRAL PACKET CHECKLIST – HIGH SCHOOL

Name: _____ **Date of Birth:** _____

Name of School: _____

Type of School (circle one): Public Private

Class standing (circle one): high school junior high school senior

Why do you need this evaluation? _____

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

| Check | Required Items |
|--------------|---|
| | Release of information |
| | Case History |
| | Past Evaluations and/or Pertinent Medical Records (includes IEPs and 504 Plans) |
| | RCLD Refund Policy (keep second copy for your records) |
| | Adult Reading History Questionnaire |
| | \$500 payment |
| | Transcripts (unofficial transcript is acceptable) |
| Check | Recommended Additional Items |
| | ADHD Checklist from Student (self-report) |
| | ADHD Checklist from Parent/Significant Other |
| | Possible Foreign Language Problems (Optional) |

When the above information is completed and returned to the Regents Center for Learning Disorders, you will be contacted and scheduled for the interview and evaluation appointments.

Referral Source: _____

HIGH SCHOOL 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 Parent/Guardian:** You should check YES or NO to each item that applies, then sign and date the form. You will also need a witness to sign.
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. Parent/Guardian needs to sign and return one form and keep the second form for your records.
5. **Adult Reading History Questionnaire:** Please circle the number of the response that most nearly describes your attitude or experience for each of the following questions or statements. Please respond to each item. It is okay to estimate and to give your best guess. You are encouraged to work with a parent when completing this questionnaire.
6. **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.
7. **Transcripts:** Send your (students) most recent college and/or high school transcripts. If you (student) 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.)

Recommended

1. **Behavior Checklists:** There are two of these. One is to be completed by you (student) and one by a parent/guardian or significant other.
2. **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.

High School: _____

RELEASE OF INFORMATION

I, _____, parent/guardian of _____, in signing this form, signify my understanding that:

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

____ **YES** ____ **NO** My student and I understand that this information will be used as part of a diagnostic evaluation of my child’s intellectual, cognitive, language, and academic abilities, as well as emotional status. We understand the purpose of the diagnostic evaluation and have discussed the objectives for participation with someone from the high school.

____ **YES** ____ **NO** My student and I understand that having this evaluation will not guarantee that a diagnosis of a disability will be made by the RCLD.

____ **YES** ____ **NO** My student and 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, we 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 based on a pattern of processing deficits.

____ **YES** ____ **NO** My student and I give permission for the RCLD to send a copy of my student’s report and discuss the test results with _____ at the high school.

____ **YES** ____ **NO** My student and I understand that a parent/guardian must accompany a minor student (17 or under) on the first day of evaluation to complete the interview and informed consent.

____ **YES** ____ **NO** My student and I understand that if we do not authorize the release of the final report to the paying agency (e.g. Vocational Rehabilitation), we will be responsible for payment.

Parent/Guardian Signature Date

Witness Signature Date