

Request for AALRC Funding for a Learning Disabilities Evaluation

Please complete this form prior to referring a student for a learning disabilities evaluation with one of AALRC's contracted psychologists or clinics.

Funding must be pre-approved by the AALRC Disabilities Project Manager before the student is referred. The student should take a copy of this completed, approved form to the psychologist or clinic when they go for the evaluation.

Invoices for evaluations should be submitted to the address below before May 1 of each year to ensure payment.

Submit this form to:

Patricia White
AALRC Disabilities Project Manager
804 Madison 3120
Huntsville, AR 72740
E-mail: prwhite@madisoncounty.net
Ph/Fax: 800.569.3539

Program Name: _____

Person making referral: _____

Name of Student: _____

Reason for referral (check one):

- Update existing documentation of learning disability
- Obtain new documentation of learning disability
- Other (please explain in space below)

Is this student eligible for a referral to Arkansas Rehabilitation Services (ARS)?

- Yes No

Screening Components Completed:

- Interview with student
 - Student disclosed prior learning disability diagnosis
 - Student suspects learning disability, but has never been diagnosed
- Washington State LD Screening Tool (13-questions)
- Payne-Jordan Learning Inventory
- Test / Re-test with & without accommodations (TABE or GED® Ready)
- Vision Therapy Assessment (VTA)
- Other (please describe in space below)

If a test / re-test was conducted as part of the screening process, please enter the scores below for the tests given:

The following results reflect a difference in test scores when the above accommodations are/are not in place:

No accommodations applied:	With accommodations:
<p>Test of Adult Basic Education (TABE) Scores (by grade level)</p> <p>Reading _____</p> <p>Language _____</p> <p>Spelling _____</p> <p>Mathematics Computation _____</p> <p>Applied Mathematics _____</p> <p>GED® Ready Scores</p> <p>Language Arts, Writing _____</p> <p>Social Studies _____</p> <p>Science _____</p> <p>Literature _____</p> <p>Math _____</p> <p>Total _____</p> <p>Average _____</p>	<p>Test of Adult Basic Education (TABE) Scores (by grade level)</p> <p>Reading _____</p> <p>Language _____</p> <p>Spelling _____</p> <p>Mathematics Computation _____</p> <p>Applied Mathematics _____</p> <p>GED® Ready Scores</p> <p>Language Arts, Writing _____</p> <p>Social Studies _____</p> <p>Science _____</p> <p>Literature _____</p> <p>Math _____</p> <p>Total _____</p> <p>Average _____</p>

In the space below, please write any comments that may further support the need for this referral.

In order to qualify for AALRC funding, the student must meet all of the following requirements:

- < Must have no existing resources (money or insurance) to pay for a learning disabilities evaluation in the private sector;
- < Must be ineligible for ARS services according to the guidelines at http://aalrc.org/adminteachers/disabilities/referral-process_1.html;
- < Must have completed one or more components of a screening process for learning disabilities or have a previous, out-of-date learning disability diagnosis; and
- < Must sign and submit the confidential release of information form on p. 4 of this form.

I understand and agree to the requirements above, and certify that this information is true and correct to the best of my knowledge.

Student Signature

Program Advocate Signature
(person making request for funding)

Date

Date

Do not write on this page below this line.

Request for AALRC funding approved:

- Yes No

Patricia R. White, M.Ed.

Date

See below for explanation if funding is **not** approved:

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I give my permission to release information contained in the document(s) indicated below:

Please date, initial and check [✓] the appropriate items below.

Date	Initials	Check	Item
_____	_____	[]	Learning Needs Screening
_____	_____	[✓]	Other: <u>Request for AALRC Funding for Learning Disabilities Evaluation</u>
_____	_____	[]	School records from: _____
_____	_____	[]	Other records from: _____

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [✓] the appropriate individuals. If different information is going to various individuals, use separate forms.

Date	Initials	Check	Staff Member
_____	_____	[✓]	<u>Marsha Taylor, Director, AALRC</u>
_____	_____	[✓]	<u>Toccara Baker, Administrative Assistant, AALRC</u>
_____	_____	[✓]	<u>Patti White, Disabilities Project Manager, AALRC</u>
_____	_____	[]	All of the Staff Members Listed above
_____	_____	[]	Other Individual(s): _____

This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.

Signature: _____ Date: _____

Signature of staff person releasing the information: _____