

Learning Disabilities Annual Report (9-23-09)

(Please submit by July 31 each year)

Submit this completed form annually to:

Patti White AALRC
804 Madison 3120
Huntsville, AR 72740
prwhite@madisoncounty.net
800.569.3539 (Ph/Fax)

Your Name & Position: _____

Program Name & Location _____

Fiscal Year _____

Below, enter the appropriate total number for each student with documented learning disabilities* served in this year.

***Note: With the exception of the first number (students referred for diagnosis), this report concerns ONLY those students who have been formally evaluated and documented by a certified psychologist or licensed psychological examiner, and does not include students who self-report a learning disability during intake with no previous diagnosis or documentation.**

_____ Number of students referred for learning disabilities diagnosis by a certified psychologist or psychological examiner

_____ Number of students with diagnosed learning disabilities served

_____ Number of students approved for GED testing accommodations for diagnosed learning disabilities

_____ Number of students who received instructional accommodations for diagnosed learning disabilities

In the event there are no students documented with learning disabilities, please send a copy of this form signed and dated to Patti White at the address listed above. The Adult Education Division expects annually a document completed and returned from each program receiving state and/or federal funds.

Signature of Person Completing This Form

Date Completed