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.

You must also complete page 1 of the ARS Referral Form (linked) and submit it

with this form.

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 <u>before May 1 of each year</u> to ensure payment.

Submit this form to:

Wendy Bryant
AALRC Disabilities Project Manager
801 South Louisiana
Little Rock, AR 72201
E-mail: Wendy@aalrc.org
Ph/Fax: 501.904.2490/501.907.2492

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-question LD screening tool)

    ☐ Payne-Jordan Learning Inventory

    ☐ Test / Re-test with & without accommodations (TABE and/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:
Test of Adult Basic Education (TABE) Scores (by grade level)	Test of Adult Basic Education (TABE) Scores (by grade level)
Reading _____ Language _____ Spelling _____ Mathematics Computation _____ Applied Mathematics _____ **GED® Ready Scores** _____ Language Arts, Writing _____ Language Arts, Reading _____ Science _____ Social Studies _____ Mathematics _____ Total Average: _____	Reading _____ Language _____ Spelling _____ Mathematics Computation _____ Applied Mathematics _____ **GED® Ready Scores** _____ Language Arts, Writing _____ Language Arts, Reading _____ Science _____ Social Studies _____ Mathematics _____ Total Average: _____

In the space below, please provide any comments or information which may further support the need for 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: ([click here for guidelines](#))

☐ 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

_____
Wendy Bryant, M.Ed.

_____
Date

See below for further explanation of funding approval/disapproval:

_____
_____
_____

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: Request for AALRC Funding for Learning Disabilities Evaluation

_____ _____ [ ] Other: ARS Referral Form (page 1)

_____ _____ [ ] 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 <u>same</u> 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

_____ _____ [   ] Marsha Taylor, Director, AALRC

_____ _____ [   ] Toccara Baker, Administrative Assistant, AALRC

_____ _____ [   ] Wendy Bryant, Disabilities Project Manager, AALRC

_____ _____ [ ] Other Individual(s):_____

_____ _____ [ ] 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: _____