

# Learning Disabilities Annual Report (9-23-09)

(Please submit by July 31 each year)

Submit this completed form annually to:

Wendy Bryan AALRC  
801 S. Louisiana  
Little Rock, AR 72201  
[wendyy@aalrc.rg](mailto:wendyy@aalrc.rg)  
501.907.2492(Fax)

Your Name & Position: \_\_\_\_\_

Program Name & Location \_\_\_\_\_

Year FY \_\_\_\_\_

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