

#### **DISABILITY HISTORY UPDATE**

#### Directions:

Complete this form (can be done by student, parent, teacher, counselor, evaluator, etc.) and attach it to current (within the last three years) reports that document the disability. Documentation guidelines are available on the Lynch Learning Center website at <a href="http://www.loras.edu/learningcenter">http://www.loras.edu/learningcenter</a>. Documentation should be specific to the disability.

Note: Often, documentation reports are within the three-year limit, but the information in the reports does not reflect a student's <u>current</u> performance or needs. This form allows information to be updated by the student or someone who knows the student well. More than one person may complete this form.

Stu	udent's Name: Date:	
1.	Diagnostic Statement: Define the disability diagnosis in lay person's terms including areas affected, and provide the DSM-IV diagnostic or categories:	category
2.	Date the student was first diagnosed:	
3.	Date of the most recent evaluation:	
4.	Recent report's evaluator and title:	
5.	Description of the current functional impact of the disability in an academic setting:	



# Lynch Learning Center (563) 588-7134/ Fax: (563) 588-7071

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Use	Current Use	Effective	Not Effective	Medication: (please list)
				Extended time on tests
				Tests in a distraction-reduced environment
				Audio books
				Assistive reading software
				Dragon Naturally Speaking
				Note taker or teacher notes
				Modified assignments
				Tutors
				Others (add):
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_	nts:	_	_	
_	nts:	_	_	
_	its:	_	_	
Commen				
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9.	Strengths:					
10.	Additional comments:					
		TH (D. I.				
Name(s) of person(s) completing this form		Title/Role	Organization			
Name(s) of person(s) completing this form		Title/Role	Organization			
Signature(s) of person(s) completing form			Date			
Signature(s) of person(s) completing form			Date			
Plea	se mail completed form to:					
		Lynch Learning Cente	r			
	Enhanced Program					
		Loras College Mail #3	1			
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