



LORAS COLLEGE™

Lynch Learning Center

(563) 588-7134/ Fax: (563) 588-7071

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 <http://www.loras.edu/learningcenter>. 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 current 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.

Student's Name: _____ Date: _____

1. Diagnostic Statement: Define the disability diagnosis in lay person's terms including areas affected, and provide the DSM-IV diagnostic category or categories:

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: _____



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6. Treatments, medications, and/or assistive devices/services prescribed or in use and their effectiveness. Please add to the list as appropriate:

Past Use	Current Use	Effective	Not Effective	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication: (please list) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time on tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tests in a distraction-reduced environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio books
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistive reading software
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dragon Naturally Speaking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taker or teacher notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modified assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tutors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others (add): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

7. List community agencies providing services (e.g. Vocational Rehabilitation, etc): _____

8. Behavioral Concerns: _____



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9. Strengths: _____

10. Additional comments: _____

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

Please mail completed form to:

Lynch Learning Center
Enhanced Program
Loras College Mail #31
1450 Alta Vista St.
Dubuque, IA 52001