Georgia State University | REGENTS CENTER FOR LEARNING DISORDERS

For Office Use Only

RCLD# _____

ID#: _____

Referral Letter/Checklist

Last name, first name, MI	SS# (Last four digits only):
	Home Phone:
Street address, city, state, zip code	Best Daytime Contact Phone:
	Email: *
	Birthdate:

Sex: ☐ M ☐ F

Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed

Ethnicity: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Multiracial

School:

Coordinator:

Class Standing: ☐ institutional admissions review ☐ accepted for admission ☐ learning support ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ graduate student ☐ on suspension ☐ on exclusion ☐ other: _____

Reason for Referral: (to be completed by Disability Services Representative)

Regents level accommodation requested: ☐ Yes ☐ No

*Since the confidentiality of email communication cannot be assured, we will not provide any personally sensitive information to you via email, and recommend that you observe the same procedure.

Checklist

- ☐ $250 deposit
- ☐ Referral Letter/Checklist
- ☐ Release of Information/Consent for Evaluation
- ☐ Case History
- ☐ Transcripts
- ☐ Past evaluations/pertinent medical records
  - ☐ No previous evaluations
  - ☐ Records not available. Explain: _____
- ☐ Special Accommodations needed for evaluation?
  - Specify: _____
- ☐ BAARS Other Report Current Symptoms
- ☐ BAARS Other Report Childhood Symptoms
- ☐ Sample of Unassisted Writing
- ☐ Sample of Best Writing
- ☐ Hearing Acuity Screening
- ☐ Cancellation Policy

I have enclosed $250 to secure my first appointment, and agree to make final payment ($250.00) at the time of or before my first appointment. I understand that if I cancel my appointment with less than five business days' notice, my deposit is nonrefundable. (Total cost of services = $500.00)

_____ _____

Signature Date