

## LEARNING DISABILITIES

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not, by themselves, constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilities (e.g., sensory impairment, intellectual disability, serious emotional disturbance), or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences. (From the National Joint Committee on Learning Disabilities, Learning Disabilities: Issues on Definition)

### **Specific documentation guidelines for Learning Disabilities include the following:**

- General documentation guidelines listed in [Appendix D of the Academic and Student Affairs Handbook](http://www.usg.edu/academic_affairs_handbook/section3/C793). ([http://www.usg.edu/academic\\_affairs\\_handbook/section3/C793](http://www.usg.edu/academic_affairs_handbook/section3/C793))
- Documentation should reflect data collected within the past three years at the time of request for services or after the age of 18 so long as the documentation continues to represent current functioning.
- Clear and specific identification of a learning disability must be stated. For example, the terms “Learning styles” or “Learning differences” are not synonymous with a learning disability.
- Documentation of a developmental and educational history consistent with a learning disability.
- Documentation of learning disabilities should include standardized measures of academic achievement, cognitive/linguistic processing, and/or intellectual functioning that have normative data representing the general population. All standardized measures must be represented by standard scores and percentile ranks based on published age-based norms.
- Documentation of one or more cognitive/linguistic processing deficits that is associated in a meaningful way with the identified area(s) of academic limitation. Cognitive/linguistic processes commonly associated with academic achievement (selection dependent upon case) include the following:
  - Fluency/Automaticity
  - Executive functioning
  - Memory/Learning
  - Oral Language

- Phonological Processing
  - Orthographic Processing
  - Visual-Motor
  - Visual-Perceptual/Visual-Spatial
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- Documentation suggesting that the academic limitations are unexpected is necessary. As a result, evidence that substantially limited areas of achievement fall significantly below higher-level cognitive and/or linguistic abilities (e.g., broad intellectual functioning, reasoning, vocabulary, crystallized knowledge) must be included.
  
  - Objective (quantitative and qualitative) evidence that symptoms are associated with significant functional impairment in the academic setting. In the case of Learning Disabilities, documentation must include evidence of substantial limitation(s) in one or more of the following areas of academic achievement:
    - Reading (decoding, fluency, and/or comprehension)
    - Mathematics (calculations, math fluency, and/or applied reasoning)
    - Written Language (spelling, fluency, and/or written expression)
  
  - Academic impairments, processing deficits, and evidence of intact functioning in other domains (e.g., higher-level cognitive functioning), should be evident on multiple measures.
  
  - Documentation that alternative explanations for the academic and cognitive/linguistic limitation(s) have been considered and ruled out (e.g., low cognitive ability, other mental or neurological disorders, lack of adequate education, visual or auditory dysfunction, emotional factors such as anxiety or depression, cultural/language differences, poor motivation, symptom exaggeration).