



## Evaluation Tools

- Clinical Interview  
 Information from a 3<sup>rd</sup> party  
 Self-report inventories. Please list. \_\_\_\_\_
- Review of academic records  
 Professional observation

Tests of cognitive functioning. Please list. \_\_\_\_\_

Please attach test scores. Include any interpretive summary along with standard scores and percentile ranks.

## Cognitive Functioning

Please indicate to what degree the condition impacts the following cognitive functions:

Executive Functioning  
Working Memory

mild

moderate

severe

## Medication & Side Effects

Please list prescribed medications and any reported or potential side effects. \_\_\_\_\_

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## Recommendations for Accommodations/Referrals

- Extended time for exams (time and a half)
- Extended time for exams (double time)
- Reduced distraction environment (semi-private room) for exams
- Reduced distraction environment (private room) for exams
- Note taking assistance
- Should be allowed to take more than the allowed amount of online classes
- Referral for personal counseling
- Referral for time management skills training
- Referral for study skills training
- Referral for organizational skills training
- Referral for test taking skills training
- Private room in the residence halls. If recommending this accommodation, please specify the reason why a private room is needed. \_\_\_\_\_

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- Absence leniency. If recommending this accommodation, please specify the reason for absences and estimate the frequency of absences given the student's current condition. \_\_\_\_\_

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- Referral for further assessment. Please indicate all that apply
  - Alcohol and drug
  - Learning disability
  - Other accommodations. Please list. \_\_\_\_\_

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## Evaluator Information

Evaluator Name: