



Antelope Valley College  
Office for Students With Disabilities  
Learning Disability Program

## REQUEST FOR LEARNING DISABILITY ASSESSMENT

Name: \_\_\_\_\_  
First Name      M.I.      Last Name

Phone: (    ) \_\_\_\_\_

AVC ID: \_\_\_\_\_

Date: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you currently enrolled in a class at AVC?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have a history of Special Education or of receiving special services at another school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you receiving special services for any other type of disability?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you receiving services in the community (Dept. of Rehab, Regional Center, etc.)?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is English your first language?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

€ € €    **For Office Use Only**    € € €

If number 1 is marked “yes” and 2, 3, and 4 are marked “no”, make an appointment for the student to speak with M. Hancock or M. Ruvalcaba.

\_\_\_\_\_  
Appointment Date / Time

If number 1 is marked “no” and / or 2, 3, or 4 are marked “yes”, make them an appointment to speak with L. Lucero, M. Hancock, or M. Ruvalcaba.

\_\_\_\_\_  
Appointment Date / Time

Date Green Packet was given: _____	By: _____
Date Green Packet was submitted: _____	By: _____