

Confirmation on learning disabilities

PART 1

Name _____ and _____ surname _____ of _____ the student:.....

Date of birth:.....

Address _____ of _____ the _____ permanent residence:.....

PART 2

The name and surname, title and professional field of the specialist who issued the certificate:

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Contact – Correspondence address:

Name _____ of centre/ambulance:.....

E-mail:..... Phone:.....

PART 3

Report on the course and progression of the learning disability, the form of intervention and the outcomes achieved particularly with regard to preparation for university study:

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PART 4

List _____ of _____ methods _____ used _____ in _____ the examination:.....

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PART 5

Information about the manifestations and difficulties on the basis of which the learning disability has been identified and a description of the potential impact on study at the University:

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Note: The completed certificate is handed over to the faculty coordinator for students with specific needs along with the expert review.



Date:.....

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Signature and stamp

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