

SLD - AGREEMENT FORM (Tutoring Service)

N.B. This form will be considered valid only if accompanied by the required certification.

As provided for by Law No. 170/2010, clinical diagnoses of Specific Learning Disorders (SLD) must be issued by facilities of the Italian National Health Service (SSN) or by institutions and professionals accredited by the Regions. Diagnoses must be updated at the beginning of each new cycle of study or after 3 years if issued while the student was under the age of 18, whereas an update is not mandatory if the diagnosis was issued after the student had reached the age of 18.

The University reserves the right not to grant compensatory or dispensatory measures if the clinical diagnoses are not up to date.

ASSIGNED TUTOR _____

STUDENT DETAILS

TIPO OF SLD / CERTIFICATION

Surname		Certification date	
First name		Issued by	
Student ID number		Submitted to the Student Office on	
Department		NOTES by the tutor:	
Degree Programme			
Enrolment a.y.			

CERTIFICATION DETAILS

Sì	No	Diagnosi certificata	Note
☐	☐	Dyslexia: (Difficulty in the reading process)	
☐	☐	Dysorthography: (Spelling difficulties)	
☐	☐	Dysgraphia: (Difficulty with handwriting)	
☐	☐	Dyscalculia: (Difficulty with calculation and number processing)	

AGREEMENT

Yes	No	Dispensatory/Compensatory measures
☐	☐	a) 30% additional time for the written exam
☐	☐	b) 25% reduction in the content of the assessment
N.B. Measures a) and b), even if both selected, are alternatives for the same exam/assessment.		
☐	☐	Possibility of converting the written exam into an oral exam
☐	☐	Assessment of content rather than form
☐	☐	Use of concept maps, outlines and formula sheets
☐	☐	Use of a computer for writing (<i>to be agreed with the Lecturer</i>)
☐	☐	Request for books in PDF format
☐	☐	Other requests – please specify:

* Additional requests are granted at the lecturer's discretion. **For formula sheets/outlines/concept maps, the material must be sent to the tutor at least 10 days before the exam. Personal data will be processed in compliance with privacy legislation.**

Date ____ / ____ / 20__	
Tutor's signature	Student's signature