

Disability Documentation Guidelines to Determine Eligibility for Accommodations at the Postsecondary Level

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ADOPTED BY SACRED HEART UNIVERSITY – APRIL, 2009
OFFICE OF SPECIAL SERVICES**

DISABILITY DOCUMENTATION GUIDELINES

I. INTRODUCTION

In response to the expressed need for guidance related to the documentation of specific disabilities in adolescents and adults at the postsecondary level, the Connecticut Association on Higher Education and Disability (CT AHEAD), a professional organization with representatives from Connecticut's two- and four-year public and private institutions, has developed the following guidelines. These guidelines provide consumers, including students, secondary school personnel, professional diagnosticians and postsecondary and adult service providers, with a common understanding and knowledge base of those components of documentation that are necessary to validate specific disabilities for the purpose of requesting accommodation at the postsecondary level. The information and documentation that establish a disability should be comprehensive, making it possible for a student to be served in a postsecondary setting.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

The Individuals with Disabilities Education Act (IDEA) provides special education and related services for those students in public schools who meet the criteria for eligibility in a number of distinct categories of disability, each of which has its own criteria. However, when students with disabilities graduate or reach the age of 21, they are no longer eligible for services under the IDEA. Students who were eligible for services at the secondary level may not necessarily be eligible for services or accommodations at the postsecondary level. On the other hand, some students who are not eligible for services under IDEA may receive protection and reasonable accommodations under Section 504 of the Rehabilitation Act of 1973 while they are attending secondary school. Since IDEA includes transition to postsecondary education in transition planning services [20 U.S.C. § 1401 (30)] and requires reevaluation if the student's parent requests it [20 U.S.C. § 1414 (a)(2)(A)], these Guidelines are intended to support that planning.

SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT

Students, who graduate from high school or reach the age of 21, are still protected from discrimination on the basis of disability by Section 504 as well as the Americans with Disabilities Act (ADA). Under such legislation, individuals with disabilities are guaranteed certain protections and rights of equal access to programs and services. Eligibility is based on the existence of an identified physical or mental impairment that substantially limits a major life activity. Therefore, documentation should indicate that the impairment is a disability that **substantially limits** a major life activity.

It is becoming extremely difficult for postsecondary institutions to declare with certainty the circumstances under which a student will be accepted as having a disability. The question of whether a student has a disability which substantially limits his/her ability to learn is more complicated with non-visible disabilities than more apparent disabilities such as blindness, visible physical disabilities, deafness.

Not every impairment qualifies as a disability protected by the ADA because not every impairment is substantially limiting. The court in *E.E.O.C. v. Harvey L. Walner & Associates*, 91 F.3d 963, 996 (7th Cir. 1996), described the proper disability determination as follows:

A disability determination, however, should not be based on abstract lists as categories of impairments, as there are varying degrees of impairments, as well as varied individuals who suffer from the impairments. In fact, the regulations note that a finding of disability is not necessarily based on the name or diagnosis of the impairment the person has, but rather, on the effect of that impairment on the life of the individual. Some impairments may be disabling for particular individuals but not for others, depending upon the stage of the disease or disorder, the presence of other impairments that combine to make the impairment disabling or any number of other factors. 29 C.F.R. App. Sec. 1630.2(j).

This is why a determination of disability must be made on an individualized, case-by-case basis. Whether a substantial limitation upon a major life activity exists, depends upon an analysis of (1) the nature and severity of the impairment, (2) the duration of the impairment, and (3) the permanent or long-term impact of impairment. 29 C.F.R. Sec. 1630.2(j) (Heyward, 1998, pgs. 3:5-3:6).

Thus, the key factor in answering the question of whether there is a substantial limitation is "the actual effect on the individual's life." *Sutton v. United Air Lines, Inc.*, 130 F.3d 893, 900 (10th Cir. 1997). A review of recent judicial decisions involving colleges and universities in which the meaning of "substantially limits" has been discussed reveals that the courts have been conservative in their assessments and have required individuals to present compelling objective evidence to support their claims of disability, despite the admonishment in *Doe v. New York University*, 666 F.2d 761 (1981), to be expansive in construing the definition of disability, (Heyward, 1998).

The following guidelines are provided in the interest of assuring that documentation of a specific disability is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. It is acknowledged that different educational settings with different student populations will need to modify and adapt these guidelines to meet the needs and backgrounds of their student populations. It is recommended that postsecondary institutions using these guidelines consult with their legal counsel before establishing a policy on documentation relating to individuals with disabilities. In countries not regulated by this disability legislation further modification may be appropriate.

This document presents guidelines in five important areas: (a) qualifications of the evaluator, (b) recency of documentation, (c) appropriate documentation to substantiate the specific disability, (d) objective evidence to establish a rationale supporting the need for accommodations, and (e) confidentiality.

II. GENERAL DISABILITY DOCUMENTATION GUIDELINES

A. Evaluator Qualifications

Professionals conducting assessments, rendering diagnoses of specific disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training with regard to the specific disability being addressed and direct experience with an adolescent and/or adult population are essential.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist), the area of specialization, employment, and state/province in which the individual practices should be clearly stated in the documentation. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences during the assessment process. It is not considered appropriate for professionals to evaluate members of their own families. Recommendations for consumers who must obtain an independent diagnostic evaluation are presented in [Appendix A](#) to assist them in finding and working with a qualified professional in regard to documentation.

- *Acquired Brain Injury (ABI)* ~ Professionals conducting assessments and rendering diagnoses of Acquired Brain Injury must have post-doctoral training in identification and treatment of ABI. The following professionals would generally be considered qualified to evaluate and develop learning strategies for persons with ABI: neuropsychologists, educational psychologists with post graduate concentration in cognitive strategy development and remediation, and relevantly trained clinical psychologists. Use of diagnostic terminology indicating an ABI by someone whose training and experience are not in these fields is not acceptable.
- *Attention Deficit Hyperactivity Disorder (ADHD)* ~ Professionals conducting assessments and rendering diagnoses of ADHD must have training in differential diagnosis and pertinent psychiatric disorders. The following professionals would generally be considered qualified to evaluate and diagnose ADHD provided they have direct experience with an adolescent and/or adult ADHD population:

psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. A clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of ADHD in adolescents and/or adults may be important. Use of diagnostic terminology indicating an ADHD by someone whose training and experience are not in these fields is not acceptable.

- *Learning Disabilities* ~ The following professionals would generally be considered qualified to evaluate specific learning disabilities provided they have additional training and experience in differential diagnosis and the assessment of learning problems in adolescents and/or adults: clinical or educational psychologists, school psychologists, neuropsychologists, and learning disabilities specialists. Use of diagnostic terminology indicating a learning disability by someone whose training and experience are not in these fields is not acceptable.
- *Psychiatric Disabilities* ~ Professionals conducting assessments and rendering diagnoses of psychiatric disabilities must have training in differential diagnosis and the full range of psychiatric disorders. The following professionals would generally be considered qualified to evaluate and diagnose psychiatric disabilities provided they have comprehensive training in differential diagnosis and direct experience with an adolescent and/or adult population: licensed clinical psychologists, licensed clinical social workers, psychiatrists, and other relevantly trained medical doctors. Use of diagnostic terminology indicating a psychiatric disability by someone whose training and experience are not in these fields is not acceptable.

B. CURRENT DOCUMENTATION

Because the provision of all reasonable accommodations and services is based upon assessment of the **current** impact of the disability on academic performance, it is in an individual's best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic evaluation has been completed within the past three to five years. Flexibility in accepting documentation is important, particularly if the previous assessment is applicable to the current or anticipated setting.

If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodation(s), reevaluation may be warranted. Furthermore, observed changes may have occurred in an individual's performance, or new medication(s) may have been prescribed or discontinued since the previous assessment was conducted. In such cases, it may be necessary to update the evaluation report and reassess the student's functional abilities with greater frequency. The update(s), conducted by a qualified professional, should include: a detailed assessment of the current impact of the disability, an integrated summary of relevant information, a rationale for ongoing services and accommodations, and previous diagnostic information.

While many postsecondary institutions define "current" documentation as assessments conducted within the past three years, the court in *Guckenberger v. Trustees of Boston University* (Case No. 96-11426-PBSD. Mass. 1997) ruled that it is improper for a college to require a reevaluation every three years for a student with a learning disability who is

at least 18 years old, at least insofar as determining whether he/she still has the condition (Kincaid, 1997). Expert testimony reported that for adults with LD, reevaluation every five years is sufficient (Heyward, 1997). Although Boston University did not address the issue of needing current documentation to determine appropriate accommodations, this rationale is supported by the Office for Civil Rights (Kincaid, 1997). In contrast, expert testimony convinced the court that the symptoms of ADHD change in different environments, are often treated with medication, and often remit from adolescence to adulthood. Thus, the court did not find fault with Boston University's requirement that students with ADHD undergo reevaluations every three years unless a qualified examiner determines that retesting is unnecessary (Kincaid, 1997).

C. COMPREHENSIVE DOCUMENTATION

Disability documentation must verify the nature and extent of the disability in accordance with current professional standards and techniques, and it must clearly substantiate the need for all of the student's specific accommodation requests. Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. Students requesting accommodations for the manifestations of multiple disabilities must provide evidence of all such conditions.

A comprehensive assessment battery and the resulting diagnostic report should be appropriate for the specific disability and a diagnosis. School plans such as an Individualized Education Program (IEP) or a 504 Plan are useful but are not, in and of themselves, sufficient documentation to establish the rationale for accommodations. Such plans may be included as part of a more comprehensive assessment battery. All reports should be on letterhead, typed, dated, signed and legible.

The diagnostic report should include more than test protocol sheets or a summation of individual report information. It should integrate the various views regarding a student's specific functioning abilities and the resulting impact of these abilities as they relate to postsecondary educational demands. In a public school system, the Planning and Placement Team recommends the type of evaluations necessary for the educational programming of a student and provides a special education diagnosis. A diagnostic report would synthesize all of the diagnostic information culled from the individual reports of the team members and include the resulting diagnosis.

A postsecondary institution has the discretion to require additional documentation if it is determined that the existing documentation is incomplete or inadequate to ascertain the extent of the disability or the need for reasonable accommodation. With the student's written permission, a telephone consultation with an evaluator to update or clarify information regarding the disability may be sufficient to complete the existing documentation. Any cost incurred in obtaining additional documentation when the original records are inadequate for postsecondary

purposes is borne by the student. If the existing documentation is complete but the postsecondary institution desires a second professional opinion, the postsecondary institution bears the cost.

Comprehensive disability documentation should include the following six components:

1. Evidence of existing impairment
2. Background information (e.g., interview, review of records)
3. Relevant testing
4. Specific diagnosis
5. Rule out of alternative diagnoses or explanation and
6. Integrated summary

1. Evidence of Existing Impairment

Statement of Presenting Problem(s): A history of the individual's presenting problem(s) should be provided, including evidence of ongoing difficulties/behaviors that significantly impact functioning.

2. Background Information

Information collected for the background information summary should be culled from a variety of sources (e.g., interview, review of records) and, whenever feasible, should consist of more than self-report. Information from third party sources is often invaluable.

The diagnostician, using professional judgment as to which areas are relevant, should review pertinent records and conduct an interview which may include, but not necessarily be limited to, the following:

- history of presenting problem(s)/symptom(s);
- any significant developmental, medical, psychosocial and employment histories;
- family history (including primary language of the home and the student's current level of English fluency);
- review of pertinent academic history of elementary, secondary, and postsecondary education;
- review of prior evaluation reports;
- description of current functional limitations pertaining to an educational setting that are presumably a direct result of the presenting problems; and
- relevant history of prior treatment, therapy, interventions or accommodations.

3. Relevant Testing

Assessment, and any resulting diagnosis, should consist of and be based on a comprehensive assessment battery that does not rely on any one test or subtest. Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. The evaluator should objectively review and include relevant background information to support the diagnosis in the evaluation report.

Standard scores should be provided for all normed measures, including all subtests administered. Grade equivalents and/or percentiles are not useful unless standard scores are also included. The tests used should be technically sound (e.g., statistically reliable, valid) and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the disability. The particular profile of the student's strengths and weaknesses must relate to functional limitations that may necessitate accommodations.

Interpretation of results is required. Test scores, subtest scores, or test protocol sheets alone are not sufficient and should not be used as a sole measure for the diagnostic decision. For example, in *Bartlett v. New York State Board of Law Examiners* (970 F. Supp. 1094 (S.D.N.Y.); 1997 U.S. Dist. Lexis 12227 (S.D.N.Y.)), the court made it clear that clinical judgment is critical to the diagnosis of learning disabilities; scores alone cannot form the basis of a diagnosis nor a denial of accommodation under the ADA or Section 504 (Simon, 1997). Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not, in and of themselves, establish the presence or absence of a specific disability. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal tests (i.e., standardized and norm- or criterion-referenced tests) to further develop a clinical hypothesis. All data must logically reflect a substantial limitation to learning or another major life activity for which the individual is requesting the accommodation.

4. Specific Diagnosis

The report must include a specific diagnosis of the disability by a qualified evaluator. It is important to rule out alternative explanations for problems such as emotional, attentional or motivational issues that may be interfering with learning but do not constitute a specific disability. If the data indicate that a specific disability is not present, the evaluator should state that conclusion in the report. The evaluator is encouraged to use direct language in the diagnosis and documentation of a specific disability, avoiding the use of terms such as

"suggests" or "is indicative of." It is important to note that the public school system is qualified to diagnose only educationally related disabilities in accordance with state guidelines (e.g., learning disabilities, speech and language impairment). The classification of Serious Emotional Disturbance (SED), that is used in the school systems, is not considered to be an acceptable diagnosis at the postsecondary level.

5. Rule-Out of Alternative Diagnoses or Explanations

The evaluator must investigate and discuss the possibility of dual or multiple diagnoses, where indicated, and alternative or co-existing conditions which may confound the specific disability diagnosis. This process should include exploration of possible alternative diagnoses as well as other factors impacting the individual which may result in behaviors mimicking a specific disability. Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or inattendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

6. Integrated Summary

A well-written summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be interpreted and integrated by the evaluator with background information, observations of the student during the testing situation, and the current context. It is essential, therefore, that professional judgment be used in the development of a summary. The summary should include:

- a. demonstration of the evaluator's having ruled out alternative explanations for the presenting problems;
- b. indication of the substantial limitation to learning or other major life activity presented by the specific disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested;
- c. indication of whether or not the student was evaluated while on medication, and whether or not there is a positive response

- d. indication as to why specific accommodations are needed, how the effects of the specific disability can be accommodated and any record of prior accommodations or auxiliary aids.

D. RATIONALE FOR RECOMMENDED ACCOMODATIONS

Accommodation needs can change over time and are not always identified through the initial diagnostic process. The evaluator(s) should describe the impact, if any, of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. The diagnostic report should include specific recommendations for accommodations that are reasonable. When possible, a detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation, and/or testing. Although prior documentation may have been useful in determining appropriate services in the past, to further facilitate the process of requesting accommodations at the postsecondary level, current documentation should validate the need for services based on the individual's present level of functioning in the educational setting.

The documentation should include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefited the individual. A school plan such as an Individualized Education Program (IEP) or a 504 Plan is insufficient documentation, in and of itself, but can be included as part of a more comprehensive evaluative report. However, a prior history of accommodations, without demonstration of a current need, does not, in itself, warrant the provision of a like accommodation. If no prior accommodations were provided, the qualified professional and/or the individual should include a detailed explanation as to why no accommodations were used in the past and why accommodations are needed at this time.

Reasonable accommodation(s) may help to ameliorate the disability. The determination for reasonable accommodation(s) rests with the designated postsecondary institution working in collaboration with the individual with the disability and, when appropriate, college faculty. Accommodations may vary based on course content and/or academic programs. If accommodations are not clearly identified in a diagnostic report, the disability service provider should seek clarification and, if necessary, additional information. [Appendix C](#) provides a description of accommodations and support services typically available at the postsecondary level.

E. CONFIDENTIALITY

The receiving institution or agency has a responsibility to maintain confidentiality of the evaluation and may not reveal any part of the documentation to faculty, administration, or parents without the student's informed and written consent. Disability information should be kept in a separate, secure location and should not be included in a student's general education records.

III. DOCUMENTATION FOR SPECIFIC DISABILITIES

A. ACQUIRED BRAIN INJURY

Students requesting accommodation on the basis of an Acquired Brain Injury (ABI) must provide documentation (in most cases within two years) from a professional who has undergone comprehensive training and has relevant experience in the assessment of ABI in adolescents and/or adults (e.g. neuropsychologists, clinical or educational psychologists). In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of an ABI must include but not be limited to:

1. A neuropsychological evaluation containing assessments of intellectual, conceptual and cognitive competence; academic skills; personality status; motor facility of all extremities; sensory, perceptual and processing efficiency; visual, auditory and tactile facility; speech, language and communication ability; and evaluation of memory and attention.
2. Utilization of particular evaluation techniques must be at the discretion of the evaluator. Measures, such as the following, will be expected to appear in the selected battery: Bender-Gestalt, Halstead Reitan Battery (or selected parts), selected parts of the Illinois Test of Psycholinguistic Ability (ITPA) (or other psycholinguistic tests); Detroit Tests of Learning Aptitude - 4 (DTLA-4) or Detroit Tests of Learning Aptitude - Adult (DTLA-A); Luria Nebraska Battery (or selected parts); Peabody Individual Achievement Test (PIAT) (or other adult individual achievement tests); Woodcock Reading Mastery Tests- Revised; Woodcock-Johnson Psychoeducational Battery; and the Spache Written Language Assessment.
3. An interview including a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.
4. An integrated summary which:
 - indicates the substantial limitations to major life activities posed by the specified brain injury,
 - describes the extent to which these limitations impact the academic context for which accommodations are being requested,

- suggests how the specific effects of the brain injury may be accommodated, and
- states how the effects of the brain injury are mediated by the recommended accommodations.

B. ATTENTION DEFICIT HYPERACTIVITY DISORDER

Students requesting accommodations on the basis of Attention Deficit Hyperactivity Disorder (ADHD) must provide documentation by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis and the full range of psychiatric disorders (e.g., psychologists, psychiatrists, neuropsychologists and other relevantly trained medical doctors). In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of ADHD must include:

1. Evidence of early impairment. The condition must have been exhibited in childhood in more than one setting.
2. Evidence of current impairment. A history of the individual's presenting attentional symptoms and evidence of current impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings must be provided.
3. An interview. The interview must contain self-report and third-party information pertaining to: any significant developmental history; family history of ADHD or other educational, learning, physical or psychological difficulties; relevant medical and medication history; a thorough academic history; and a review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems.
4. Description of relevant employment history.
5. Description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention.
6. Evidence of alternative diagnoses or explanations being ruled out. The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological and/or personality disorders that may confound the ADHD diagnosis. For a diagnosis of ADHD, the symptoms may not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder, and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).
7. A discussion of the neuropsychological or psychoeducational assessments administered to determine the current impact of the disorder on the individual's ability to function in an academic setting. Such data

should include standard scores, standard deviations and percentiles reported in table format for those subtests administered.

8. A specific psychiatric diagnosis as per the Diagnostic and Statistical Manual-IV (DSM-IV) of the American Psychiatric Association (1994). Symptoms of hyperactivity/impulsivity which were present in childhood and the current symptoms which have been present for at least the past six months and which impair functioning in two or more settings (e.g., school, work, home) must also be identified.
9. An indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
10. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.
11. An integrated summary which:
 - indicates the substantial limitations to major life activities posed by the disability,
 - describes the extent to which these limitations would impact the academic context for which accommodations are being requested,
 - suggests how the specific effects of the disability may be accommodated, and
 - states how the effects of ADHD are mediated by the recommended accommodations.

C. BLINDNESS OR LOW VISION

In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of low vision or blindness must include:

1. An ocular assessment or evaluation from an ophthalmologist.
2. A low-vision evaluation of residual visual function, when appropriate.
3. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

D. DEAF/HARD OF HEARING

In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of on the basis of being deaf or hard of hearing must include:

1. An audiological evaluation and/or audiogram.
2. An interpretation of the functional implications of the diagnostic data and hearing aid evaluation, when appropriate.
3. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

E. LEARNING DISABILITIES

Students requesting accommodation on the basis of a specific learning disability must provide documentation from a professional who has undergone comprehensive training and has relevant experience in the assessment of learning problems in adolescents and/or adults (e.g., clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists). In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of a learning disability must include, but is not limited to:

1. An interview including a description of the presenting problem(s); any significant developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.
2. A complete assessment of intellectual functioning/aptitude as measured by the Wechsler Adult Intelligence Scale-III (WAIS-III) with standard and scaled scores, including subtest scores. The Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale: Fourth Edition is also acceptable. The Kaufman Brief Intelligence Test (KBIT) and the Slosson Intelligence Test - Revised are NOT comprehensive measures and therefore are not suitable for use in the initial diagnosis of a learning disability.
3. A comprehensive academic achievement battery that measures current levels of functioning in reading (decoding and comprehension), mathematics and oral and written language (e.g., Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement, Wechsler Individual Achievement Test (WIAT), Stanford Test of Academic Skills (TASK), Scholastic Abilities Test for Adults (SATA), or specific achievement tests - Test of Written Language-3 (TOWL-3), Woodcock Reading Mastery Tests-Revised, Stanford Diagnostic Mathematics Test). All standard scores, standard deviations and percentiles must be reported for those subtests administered. The Wide Range Achievement Test-3 (WRAT-3) is NOT a comprehensive measure of achievement and is therefore not suitable. Test selection must be guided by the age of the student and the test norms. Tests used should also be technically sound (e.g., statistically reliable, valid) and standardized for use with an adolescent/adult population.
4. An assessment of specific areas of information processing (e.g., short- and long-term memory, sequential memory, sequential and simultaneous processing, auditory and visual perception/processing, processing speed, executive functioning, motor ability). Information from subtests on the WAIS-III, the Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, or the Detroit Tests of Learning Aptitude - Adult

- (DTLA-A), as well as other instruments relevant to the presenting learning problem(s) may be used to address these areas.
5. Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Formal assessment instruments may be integrated with these types of measures to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.
 6. A diagnosis of a specific learning disability. Individual "learning styles," "learning differences," "academic problems," and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important for the evaluator to demonstrate that alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language issues that may be interfering with learning but do not constitute a learning disability have been ruled out.
 7. An indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability.
 8. An integrated summary which:
 - indicates the substantial limitations to major life activities posed by the specified learning disability,
 - describes the extent to which these limitations impact the academic context for which accommodations are being requested,
 - suggests how the specific effects of the learning disability may be accommodated, and
 - states how the effects of the learning disability are mediated by the recommended accommodations.

F. PHYSICAL MOBILITY, DEXTERITY, AND CHRONIC HEALTH-RELATED

In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of physical mobility, dexterity, or chronic health-related disabilities must include:

1. An identification of the disabling condition(s).
2. An assessment of the functionally limiting manifestations of the condition(s) for which accommodations are being requested.
3. Degree and range of functioning for a chronic or progressive condition.
4. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.

5. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

G. PSYCHIATRIC DISABILITIES

Students requesting accommodations on the basis of a psychiatric disability must provide documentation from a professional who has undergone comprehensive training and has relevant experience in differential diagnosis and the full range of psychiatric disorders (e.g., licensed clinical psychologists, psychiatrists, neurologists, marriage and family therapists, licensed clinical social workers, and other relevantly trained medical doctors). In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of a psychiatric disability must include:

1. An interview including a description of the presenting problem(s) including any significant developmental, medical, psychosocial and employment; family history; and a discussion of dual diagnosis where indicated.
2. A specific, current psychiatric diagnosis as per the Diagnostic and Statistical Manual-IV (DSM- IV) of the American Psychiatric Association (1994), which indicates the nature, frequency and severity of the symptoms upon which the diagnosis was predicated. A diagnosis without an explicit listing of current symptoms is not sufficient. Serious emotional Disturbance (SED) is not an acceptable diagnosis at the postsecondary level.
3. Primary and secondary Axis I and Axis II diagnoses. A measure of functioning using the Global Assessment of Functioning (GAF) Scale in the DSM-IV is highly recommended. Using the GAF, indicate the student's general, highest and lowest GAF score and describe behaviorally the student's performance at each GAF level using as much detail as is known.
4. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.
5. An indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
6. An integrated summary which:
 - indicates the substantial limitations to major life activities posed by the psychiatric disability,
 - describes the extent to which these limitations would impact the academic context for which accommodations are being requested,
 - suggests how the specific effects of the psychiatric disability may be accommodated, and
 - states how the effects of the psychiatric disability are mediated by the recommended accommodations.

H. OTHER DISABILITIES

In addition to the requirements specified in Sections I and II, consumers and professionals are advised to discuss the requirements of appropriate documentation for students requesting accommodations on the basis of other disabilities with postsecondary disability service providers.

REFERENCES:

- Diagnostic and statistical manual of mental disorders* (4th ed.) (DSM-IV). (1994). Washington, DC: American Psychiatric Association.
- Heyward, S. (1997, October). The lessons of Boston University. *Disability Accommodation Digest*, 7(1).
- Heyward, S. (1998). *Disability and higher education: Guidance for Section 504 and ADA compliance*. Horsham, PA: LRP Publications.
- Kincaid, J. (1997, September). Westling's stereotypes discriminated against students with LD. *Disability Compliance for Higher Education*, 3(2), 4-5.
- Simon, J. (1997, November). Reading court opinions critically. *Alert*, 21(6), p. 1, 5-7.

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- *Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults-Revised.* (1998, June). Princeton, NJ: Office of Disability Policy, Educational Testing Service.
- *Policy Statement for Documentation of a Learning Disability in Adolescents and Adults.* (1998, January). Princeton, NJ: Office of Disability Policy, Educational Testing Service.
- *Revised Guidelines for the Assessment and Accommodation of Students with Learning Disabilities.* (1995, June). University of California.
- *Services to Students with Disabilities: Practices for the Assessment and Accommodation of Students with Psychological Disabilities.* (1999, September). University of California.

Appendix A - Recommendations for Consumers Who Must Obtain an Independent Diagnostic Evaluation

1. For assistance in finding a qualified professional:

- contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs;
- contact a physician who may be able to refer you to a qualified professional with demonstrated expertise in a specific disability area; and
- discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.

2. In selecting a qualified professional:

- ask what his or her credentials are;
- ask whether he or she has training in differential diagnosis;

- ask what experience and training he or she has had diagnosing and/or working with adolescents and/or adults;
- ask if he or she has ever worked with a postsecondary disability service provider or with the agency to whom you are providing documentation; and
- ask whether you will receive a comprehensive written report.

3. In working with the professional:

- take a copy of these guidelines to the professional;
- encourage him or her to clarify questions with the person who provided you with these guidelines;
- be prepared to be forthcoming, thorough and honest with requested information; and
- know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:

- schedule a meeting to discuss the results, recommendations, accommodations and possible treatment;
- request a written copy of the assessment report;
- request additional resources, support group information, and publications if you need them;
- maintain a personal file of your records and reports; and
- be aware that any receiving institution or agency has a responsibility to maintain confidentiality and may not release information about your disability without your written consent.

Appendix B - Tests for Assessing Adolescents and Adults with Learning Disabilities

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity, and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

Aptitude

- Wechsler Adult Intelligence Scale - III (WAIS-III)
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet Intelligence Scale (4th ed.)

The Slosson Intelligence Test - Revised and the Kaufman Brief Intelligence Test (KBIT) are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation decisions.

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

Or specific achievement tests such as:

- Nelson-Denny Reading Skills Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language - 3 (TOWL-3)
- Woodcock Reading Mastery Tests - Revised

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

Information Processing

Acceptable instruments include:

- Detroit Tests of Learning Aptitude - 4 (DTLA-4)
- Detroit Tests of Learning Aptitude - Adult (DTLA-A)

Information from subtests on WAIS-III, Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability, as well as other relevant instruments may also be used.

Appendix C - Academic Accommodations and Support Services

Academic accommodations and support services at the postsecondary level are not intended to remediate but are designed to provide students with equal access by reducing the negative impact of their disabilities.

"Remediation" is defined as instruction in basic skills not acquired earlier in the educational process (e.g., basic spelling), while "accommodation" refers to the provision of services that ensure equal access to a student with a disability (e.g., providing extended examination time for a student who processes information more slowly than other students because of a disability).

Academic accommodations and support services are determined on an individual basis. Each accommodation is based on functional limitations as identified in the documentation and is designed to meet a student's needs without fundamentally altering the nature of the student's instructional program(s) or altering any directly related licensing requirement. Accommodations and support services are provided upon the recommendation of a disability specialist, the Director of the Office for Students with Disabilities, or other qualified staff member designated by the Director.

Each postsecondary institution has procedures for resolving disputes regarding the provision of academic accommodations and support services.

A. Academic Accommodations

Appropriate academic accommodations may include but are not limited to the following: readers, note takers, access to assistive technology, reduced course load, exception to the time limitations prescribed by minimum academic progress requirements, substitution of coursework required for graduation upon approval of an academic dean or equivalent, classroom modifications, and testing accommodations.

B. Academic Support Services

Appropriate disability-based support services may include but are not limited to the following: "disability management" counseling; priority enrollment; referral to faculty, staff, campus resources and community agencies; and assistance in compensatory strategies for reading, writing, math, and basic study skills.