

III. Documentation Guidelines for Specific Disabilities*

It is the responsibility of a student who wishes to receive academic adjustments at the postsecondary level to provide comprehensive and current documentation that meets the guidelines noted above. Additionally, information that is specific to the condition should be provided. Specific information is as follows:

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A. Acquired Brain Injury

Students requesting accommodation on the basis of an Acquired Brain Injury (ABI; also sometimes called Traumatic Brain Injury (TBI), 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). The ADA Amendments of 2008 which expand major life activities to include “thinking” and “concentrating” enhance the likelihood that students diagnosed with this disorder will be eligible for consideration of accommodations. 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); 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-R/NU (or other adult individual achievement tests); Woodcock Reading Mastery Tests-Revised/NU; Woodcock-Johnson III; 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 that:
 - Indicates executive functioning deficits expected to impact postsecondary education performance and appropriate accommodations;
 - Describes the impact of the limitations specifically on learning (e.g., reading, math, and written expression);
 - Identifies concerns with negotiation of the college environment (e.g., residential life and social expectations) and suggests strategies; and
 - States how the effects of the brain injury are mediated by the recommended accommodations.

B. Autism Spectrum Disorder/Asperger Syndrome

Students requesting accommodation on the basis of Autism Spectrum Disorder (ASD) must provide documentation from an appropriately credentialed professional who has undergone comprehensive training and has at least 5 years of experience diagnosing ASDs in children, adolescents or young adults (depending on age of student). The ADA Amendments of 2008 which expand major life activities to include “communicating” will likely render more students diagnosed with this disorder eligible for consideration of accommodations. The preferred form of documentation is in the form of a comprehensive neuropsychological evaluation accompanied by a clinical statement reviewing history and current symptoms. Comprehensive diagnostic evaluations should include, but not be limited to, the following:

- Thorough medical, family, and developmental history gathered by appropriate professional (developmental pediatrician, neurologist, psychiatrist, psychologist, neuropsychologists, etc.).
- Comprehensive psychological or neuropsychological examination, **within the past three years**, including a detailed discussion of the individual’s current cognitive functioning as it impacts the educational environment.
- Academic testing – standardized achievement tests, including standard scores; and a review of the academic record.
- Current level of social/emotional functioning by separate evaluator if not contained in neuropsychological evaluation.
- Integrated narrative summary, including impact of symptoms on learning and/or communicating, ability to function in a residential college community and executive functioning deficits as relevant to postsecondary education.
- Clear identification of symptoms as they pertain to Diagnostic and Statistical Manual IV TR (DSM-IV TR) criteria for all relevant diagnoses.
- A clinical interview including a description of the presenting problem(s) including any significant developmental, medical, psychosocial and employment; family history; and a discussion of co-morbid diagnoses (if relevant). A comprehensive interview with parents or knowledgeable informants and a self-report is needed to obtain a view of the individual’s present function and ability.
- Prescribed medications, dosages and schedules which may influence the learning environment, including any possible side effects.
- Supplemental documentation may include evaluations by allied health professionals such as speech/language assessments, occupational therapy records, statements from therapist or other treating professionals.

C. 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). The ADA Amendments of 2008 which expand major life activities to include “concentrating” will likely render more students diagnosed with this disorder eligible for consideration of accommodations. In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of ADHD must include but not be limited to:

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. History of full assessment with current symptoms for past six months.
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, or lack thereof.
5. Descriptions 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 that have been ruled out. The documentation must investigate and discuss the possibility of alternative or co-morbid mood, behavioral, neurological, learning 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 TR (DSM-IVTR) of the American Psychiatric Association (2000). 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, and 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 that may influence the types of accommodations provided, including any possible side effects.
11. An integrated summary that:
 - 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.

D. 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 but not be limited to:

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.

E. Deaf/Hard of Hearing

In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of being Deaf or hard of hearing must include but not be limited to:

1. An audiological evaluation and/or audiogram administered by an otorhinolaryngologist, otologist, or licensed audiologist.
2. An interpretation of the functional implications of the diagnostic data and hearing aid evaluation, when appropriate.
3. Suggestions on how the functionally limiting manifestations of the disabling condition (s) may be accommodated. If the audiological report does not include recommendations for accommodations, an audiologist should be consulted – an educational audiologist is preferable.
4. The age of acceptable documentation is dependent upon whether the disabling condition is static or changing.

F. Intellectual Disabilities

Students requesting accommodation on the basis of an intellectual disability (formerly known as mental retardation) must provide documentation from a professional who has comprehensive training and relevant experience in the assessment of intellectual disability in adolescents and/or adults (e.g., clinical or educational psychologists, school psychologists, neuropsychologists, special education teachers). At the secondary level, eligibility for services under the category of ID may be determined by a multidisciplinary team and therefore include reports completed by special and general education teachers. It should be noted that students with intellectual disability who may have received modifications to essential course requirements in their secondary program may not be eligible for similar modifications in the postsecondary setting. Postsecondary institutions are not required to modify the essential course requirements and expectations as a reasonable accommodation for students with disabilities.

In addition to the requirements specified in Sections I and II, documentation for students requesting accommodations on the basis of intellectual 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 are also acceptable. Tests such as the Leiter International Performance Scale and the Kaufman Assessment Battery for Children may also be utilized. 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.
4. Measures of functional performance across all domains, (e.g. English Language Arts, Mathematics, Behavioral/Social/Emotional, Communication, Vocational/Transition, Health and Development including Vision and Hearing, Fine and Gross Motor, and Activities of Daily Living) may be helpful in presenting a holistic view of the student. A comprehensive SOP (Summary of Performance) and a student portfolio may contain critical information pertaining to the student's:
 - Strengths, needs, preferences and interests
 - Need for accommodations and the use of assistive technology
 - History of employment, volunteer and community work experiences
 - Ability to function in the college environment, considering both the social expectations, and residential life (as appropriate)
 - Learning style, specifically in the areas of reading, mathematics and written and oral expression
5. A specific diagnosis of intellectual disability. There is currently considerable variability in the definition of intellectual disability between definitions advocated by the American Association on Intellectual Disability (AAID), other professional associations, and state departments supporting people with intellectual disability. According to the AAID 2002 definition, "Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18. A complete and accurate understanding of mental retardation involves realizing that mental retardation refers to a particular state of functioning that begins in childhood, has many dimensions, and is affected positively by individualized supports. As a model of functioning, it includes the contexts and environment within which the person functions and interacts and requires a multidimensional and ecological approach that reflects the interaction of the individual with the environment, and the outcomes of that interaction with regards to independence, relationships, societal contributions, participation in school and community, and personal well being." Given the variability in definitional clarity on intellectual disability, disability support services personnel are encouraged to give considerable weight to the clinical judgment of the evaluating professional.

6. Terms such as Individual "learning styles," "learning differences," "academic problems," and "slow learner" and "test difficulty or anxiety," in and of themselves, do not constitute an adequate diagnosis of intellectual 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, attention problems and cultural/language issues that may be interfering with learning, but that do not constitute intellectual 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 intellectual disability.
8. An integrated summary which:
 - o indicates the substantial limitations to major life activities posed by the intellectual disability,
 - o describes the extent to which these limitations impact the academic context for which accommodations are being requested,
 - o suggests how the specific effects of the intellectual disability may be accommodated, and states how the effects of the intellectual disability are mediated by the recommended accommodations.)

G. 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 with conducting psycho-educational assessments with adolescents or adults (e.g., clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists). At the secondary level, eligibility for services under the category of LD may be determined by a multidisciplinary team and therefore include reports completed by special education teachers. The Americans with Disabilities Act Amendments of 2008 expand the definition of major life activities to include "reading." Accordingly, an evaluator might wish to analyze a student's assessment results not just in terms of "learning" but in "reading" as well. 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. Pertinent background information, 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 co-morbidity where indicated.
2. A complete assessment of intellectual functioning/aptitude, preferably, but not limited to the Wechsler Adult Intelligence Scale-III (WAIS-III) with standard and scaled scores, including subtest scores. The Woodcock-Johnson III: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale: Fifth Edition is also acceptable. The Kaufman Brief Intelligence Test (KBIT2), the Wechsler Abbreviated Scale of Intelligence (WASI) 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. Given some of the changes at the secondary level related to learning disability eligibility determination, it might be expected that measures of aptitude may be available, but these may be more dated than other provided measures. Flexibility in judgment is warranted in such cases, particularly if all other components of the documentation are more recent and indicate a substantial limitation to learning.
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 III: Tests of Achievement, Wechsler Individual

Achievement Test II (WIAT II), 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/NU, Stanford Diagnostic Mathematics Test, Nelson-Denny). All standard scores, standard deviations and percentiles must be reported for those subtests administered. The Wide Range Achievement Test-3 (WRAT-3) and the Wide Range Achievement Test-4 are NOT comprehensive measures of achievement and are therefore not suitable unless combined with other measures as appropriate. 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, working memory, motor ability). Information from subtests on the WAIS-III, the WJIII 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 indicate the presence of a learning disability.
8. An integrated summary that:
 - indicates the substantial limitations to major life activities (e.g., learning, reading, thinking) 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.

H. Physical Mobility, Dexterity, and Chronic Health-Related

The Americans with Disabilities Act Amendments of 2008 expand the definition of major life activities to include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Pertinent here are new additional major life activities such as thinking, eating, sleeping and concentrating which may be substantially limited by these conditions. 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 that 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.

I. Psychiatric Disorders

Students requesting accommodations on the basis of a psychiatric disorder 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, Psychiatric Advanced Practice Registered Nurse (APRN) licensed clinical social workers, and other relevantly trained medical doctors). The Americans with Disabilities Act Amendments of 2008 expand the definition of major life activities to include thinking, sleeping, concentrating, eating, stooping, bending, standing and communicating which will likely result in the identification of more students with these types of disorders. The Act does not cover conditions that are likely to resolve in six months or less. However, the Act includes conditions that are cyclical in nature and the disability determination should be made based on consideration of when the condition is active. 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. **A recent evaluation or updated assessment, preferably within the past six months** – due to the changing nature of psychiatric disorders.
2. 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.
3. A specific, current psychiatric diagnosis as per the Manual-IVTR (DSM-IVTR) of the American Psychiatric Association (2000), 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. Emotional Disturbance (ED) is an educational label and does not alone constitute a disability at the postsecondary level.
4. Primary and secondary Axis I and Axis II diagnoses. A measure of functioning using the Global Assessment of Functioning (GAF) Scale in the DSM-IVTR 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.
5. Prescribed medications, dosages and schedules that may influence the learning environment and types of accommodations, including any possible side effects.
6. An indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
7. An integrated summary that:
 - 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 disorder may be accommodated, and
- states how the effects of the psychiatric disorder are mediated by the recommended accommodations.

J. Other Conditions/Impairments

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 conditions/impairments with postsecondary disability service providers.

K. Note on Serving Veterans with Disabilities – To Be Added

References

- Americans with Disabilities Act of 1990*. 42 U.S.C. §12101 *et seq.*
- DSM-IV-TR Handbook of Differential Diagnosis*. (2002). Arlington, VA: American Psychiatric Publishing, Inc.
- 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.
- Individuals with Disabilities Education Act of 2004*. 20 U. S. C. § 1400 *et seq.* (2004).
- Kincaid, J. (1997, September). Westling's stereotypes discriminated against students with LD. *Disability Compliance for Higher Education*, 3(2), 4-5.
- Section 504 of the Rehabilitation Act of 1973*, Pub. L. 93 – 112 as amended, 29 U.S.C. §794.
- Simon, J. (1997, November). Reading court opinions critically. *Alert*, 21(6), p. 1, 5-7.

*Used from the Association on Higher Education and Disability (AHEAD) website