

Documentation Qualifications | Disabilities & Learning Services

Learning Disability

Every report should be on letterhead, typed, dated, signed and otherwise legible and include the following elements:

I. Evaluator Information

Professionals conducting assessments and rendering diagnosis of specific learning disabilities and making recommendations for appropriate accommodations must be qualified to do so. The following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have additional training and experience in evaluating adolescent and adult learning disabilities:

- Clinical or Educational Psychologists
- School Psychologists
- Psychiatrists
- Neurologists
- Neuropsychologists
- Learning Disabilities Specialists
- Medical doctors with training and experience in the assessment of learning disabilities in adolescents and adults

The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) should be listed in the report. Please note that members of the student's family are not considered appropriate evaluators.

II. Recent Assessment

The report must provide adequate information about the student's **current** (within 5 years) level of functioning. If such information is missing and/or outdated, the student may be asked to provide a more recent or complete assessment.

III. Neuropsychological and/or Psychoeducational Testing

There should be a discussion of all tests that were administered and observations of the student's behavior during testing. **Actual test scores must be provided.** Standard scores are required; percentiles and grade and age equivalents are **not** acceptable unless standard scores are also included. In addition to actual test scores, **interpretation of results is required.** Test protocol sheets or scores alone are **not** sufficient; some form of narrative must accompany scores. If time constraints for exams are an issue, tests should be administered both timed and untimed and scores for both testing conditions should be reported. Non-standardized, non-normed measures (such as informal reading inventories or writing samples) may supplement standardized testing, but are insufficient documentation by themselves.

*Please note that IEP's and/or 504 plans are not appropriate college documentation.

IV. Diagnostic Interview Summary

The interview should focus upon the student's developmental and educational history, including any persistent academic or emotional problems. Co-morbid conditions should be discussed and there should be a statement explaining whether the learning disability or the other condition is the primary diagnosis. **It is important for examiners to note in the report whether or not the student was on medication at the time of testing.**

Tests used to document eligibility **must** be normed, standardized, and otherwise technically sound (i.e., statistically reliable and valid) and should be standardized for use with an adult population, tests include:

- Aptitude testing (also known as “tests of cognitive ability,” intelligence testing,” “IQ testing” or a “psychological evaluation”) – examples include the Wechsler Adult Intelligence Scales (WAIS) and the Woodcock-Johnson-III - Tests of Cognitive Ability.
- Academic achievement testing (sometimes called an “educational evaluation” or “academic testing”) – examples include the Wechsler Individual Achievement Test II (WIAT II), the Woodcock- Johnson-III -
- Tests of Achievement. *The Wide Range Achievement Test (WRAT) is considered insufficient as a measure of achievement.*
- If applicable, additional supplemental tests such as:
 - Nelson-Denny Reading Test for both normal and extended time conditions
 - Test of Written Language - 3
 - Woodcock Reading Mastery Tests – Revised
 - Continuous Performance Test

V. Clinical Summary

The clinical summary should integrate the elements of the battery with background information, observations of the client during the testing situation, and explain how the student’s performance demonstrates **a need for accommodation(s) at the postsecondary level**. This summary should present evidence of **a current substantial limitation to learning** and explain how the patterns of strength and weakness are sufficiently significant to substantiate a learning disability diagnosis. It should also demonstrate that the evaluator has ruled out alternative explanations for the learning problem. Individual "learning styles" and "learning differences" in and of themselves do not constitute a learning disability. If social or emotional factors are believed to contribute to the pattern of observed scores, they should be discussed.

Psychological Disorders and Autism Spectrum Disorders

A psychological impairment or Autism Spectrum Disorder (ASD) can manifest itself in a variety of ways among individuals. The condition can also present a wide array of symptoms and functional limitations to any given individual over a lifetime. Testing is not required for a diagnosis of a psychological impairment or ASD. However, test results can be helpful as supporting documentation for accommodation requests. Documentation should be on letterhead, typed, dated, signed and otherwise legible, and include verification of diagnosis and discussion of the severity of a disabling condition, and must be provided by qualified treating professional (licensed psychologist or psychiatrist). The documentation must include a detailed description of how this impairment significantly limits a major life activity in an educational setting.

This documentation should include:

- A clear statement of the DSM-IV diagnosis, including pertinent symptomatology and any fluctuations in the individual’s condition
- A description of the current functional limitation(s) within an educational setting, and the severity and longevity of the condition (temporary/ongoing)
- A description of the effectiveness of current treatment,
- Recommendations for additional treatment/assistance; information on how best to accommodate the student within an educational or residential setting.

Chronic / Systemic Illness

Chronic and/or systemic illnesses are considered to be in the medical domain and therefore a Physician, Neurologist, Psychiatrist, or other Medical Specialist with experience or expertise in the domain for which he/she is diagnosing must complete the documentation. Documentation should be on letterhead, typed, dated, signed and otherwise legible and contain the following:

- A clear statement of the existence of a medically determinable chronic illness or systemic illness
- A detailed medical history
- A complete physical examination (including a mental status examination)
- Medical evidence consisting of medical signs, symptoms (duration, incidence and severity) and laboratory findings
- Proof of a substantial reduction in previous levels of occupational, educational, social, or personal activities

- Results of diagnostic test battery performed to rule out other causes of symptoms
- A description of the condition's current functional impact on learning or other major life activity relevant to the academic experience
- A statement addressing the individual's requested accommodation(s), including rationale as to why these accommodation(s) are warranted
- A statement regarding how the use of medication or other rehabilitative measure may or may not mitigate either the illness or the symptoms associated

Deaf / Hard of Hearing

Documentation should be on letterhead, typed, dated, signed and otherwise legible, and include a comprehensive Audiologist's report and should also include:

- A specific diagnosis
- Date of onset (pre/post lingual)
- Current hearing levels and whether hearing loss is stable or progressive
- Speech reception levels with and without hearing aids and/or assistive listening devices

Blind / Low Vision

Documentation should be on letterhead, typed, dated, signed and otherwise legible, and include a report from an Ophthalmologist or Optometrist and should also include:

- A specific diagnosis indicating current visual acuity
- Near and distant vision (left and/or right)
- Visual fields, with and without corrective lenses

Mobility

Documentation should be on letterhead, typed, dated, signed and otherwise legible, and identify the current functional limitations with respect to:

- Gross or fine motor functioning
- The permanent or temporary nature of the condition (if temporary, expected duration of the limitation or impairment)

ADD / ADHD

Every report should be on letterhead, typed, dated, signed and otherwise legible. ADD/ADHD must be verified by a clinician with expertise in the diagnosis of ADD/ADHD, such as a:

- Licensed Therapist
- Educational Psychologist
- Psychologist
- Psychiatrist
- Neurologist
- Physician.

We do not accept proof of prescription medication or a doctor's note simply stating they are treating you for ADD/ADHD as sufficient documentation.

Documentation must include:

- Clinician's name, title, license number, phone number, and address; in addition, a summary of all instruments and procedures used to make a diagnosis and the date(s) of the examination.
- A written summary of educational, medical, and family histories and behavioral observations
- A clear statement of the DSM-IV diagnosis
- A summary of evaluations results, including all standardized scores
- Information relating to the current use of medications to treat ADD/ADHD and the impact of the medications on the student's ability to meet academic demands
- A statement of current functional limitations relating to academic performance
- Recommendations for specific academic adjustments supported by rationale