Documentation Qualifications | Disability Support Services

All disability documentation must meet the following criteria:

• Adequately verify the nature and extent of the disability in accordance with current professional standards
• Clearly show the need for each of your requested accommodations
• Be from a qualified professional who is licensed or certified to diagnose the disability in question
• Be on letterhead, typed, dated, signed and otherwise legible.

If the original documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation, the University has the discretion to require additional documentation. Any cost incurred in obtaining additional documentation when the original records are inadequate is borne by the student.

Chronic / Systemic Illness
Chronic and/or systemic illnesses are considered to be in the medical domain and therefore a Physician, Neurologist, Physiatrist, or other Medical Specialist with experience or expertise in the domain for which he/she is diagnosing must complete the documentation. Documentation should contain one or more of the following:

• A clear statement of the existence of a medically determinable chronic illness or systemic illness
• 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 rational 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 contain one or more of the following:

• A specific diagnosis
• 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 contain one or more of the following:

• 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 identify the current functional limitations with respect to:

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

ADD/ADHD must be verified by a clinician with expertise in the diagnosis of ADD/ADHD, such as:

• Licensed Therapist
• 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 should contain two or more of the following:

• A written summary of educational, medical, and family histories and behavioral observations
• A clear statement of the DSM-V 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 support by rationale

Learning Disability

The documentation should clearly link the functional limitation(s) to the individual student’s specific accommodation request(s). The report shall explain and document how the requested accommodation lessens the impact of the individual’s disability on the specific task or activity (e.g., how extended time on an exam accommodates the impact of attention deficit disorder; how a learning disability interferes with note-taking skills such that a classroom note-taker is needed). To the extent possible, the report should consider the impact of the disability and the need for the requested accommodation in a postsecondary educational setting.

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.

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 always sufficient documentation for the requested accommodations.

IV. Diagnostic Interview Summary

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 contain one or more of the following:
- A clear statement of the DSM-V 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.