

## Documentation Guidelines

Students requesting academic accommodations and/or services from Disability Access Services are required to submit documentation of a disability to verify eligibility under the Americans with Disabilities Amendment Act (ADAA), Section 504 of the Rehabilitation Act of 1973, and Disability Services guidelines. The ADAA defines a disability as “a substantial limitation of a major life function.”

DAS considers three resources in determining reasonable accommodations:

- a student’s self-report
- previous academic accommodations (such as an IEP, a 504 plan, approved accommodations at a former college)
- formal documentation from a qualified professional

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.

These are the seven essential elements of quality disability documentation identified by the Association of Higher Education and Disability (AHEAD):

1. is provided by a licensed or credentialed professional
2. has a clear diagnostic statement identifying the disability
3. has a description of the diagnostic methodology used
4. has a description of the current functional limitations
5. has a description of the expected progression or stability of the disability
6. has a description of current and past accommodations, services and/or medications
7. has recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services

Depending on your request and your diagnosis, additional documentation requirements (listed below) may be needed to clearly demonstrate the need for a specific accommodation.

### **Chronic / Systemic Illness**

A physician, neurologist, psychiatrist, or other medical specialist with experience or expertise in the domain for which they are diagnosing must complete the documentation. Documentation should contain **two** 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 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 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 condition (if temporary, expected duration of the limitation or impairment)

**ADD / ADHD**

For some accommodation requests 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

**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. This documentation should contain **two** 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

## Learning Disability

Documentation will be reviewed for the following criteria:

### I. Evaluator Information

Trained, experienced, certified and/or licensed psychologists, neuropsychologists, learning disability specialists, and educational therapists with adolescent and adult experience are considered qualified to evaluate specific learning disabilities.

### II. A clear statement of a 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.

### III. A description of diagnostic material.

There should be a discussion of all tests that were administered and observations of the student's behavior during testing. All test scores, including subtest and index scores, must be included in the report. Data should be presented as standard scores and percentiles, and must be based on age norms. Diagnostic assessments must include at least one measure of aptitude and measures of achievement in reading, math, and written language. Acceptable measures are listed below. Adult normed assessments are recommended.

#### Aptitude

- Wechsler Adult Intelligence Scale-Revised (WAIS-III)
- Woodcock Johnson III: Tests of Cognitive Ability (Tests 1-10 or 1-20)
- Stanford-Binet Intelligence Scale
- Kaufman Adolescent and Adult Intelligence Test or Kaufman ABC

#### Achievement

Additional individual achievement tests should be included, such as, but not limited to:

- WJ-III Achievement Tests, Wechsler Individual Achievement Test, Scholastic Abilities Test for Adults, Stanford Diagnostic Test, Test of Mathematical Abilities or Written Language

### IV. Clinical Summary & Recommended Reasonable Accommodations

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.