

Disability Documentation Guidelines Requiring Psycho-educational Evaluation

Learning Disabilities, ADHD, Autism Spectrum Disorders, Intellectual Disabilities, etc.

These guidelines are provided to assure that disability documentation is current and appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. It is the student's responsibility to provide documentation to this office. Students are encouraged to identify themselves to the office, but are not required to do so. If a student chooses not to reveal a disability, Disability Services cannot provide services or accommodations to the student.

I. Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of disabilities, and making recommendations for appropriate accommodations must be qualified to do so. The following professionals would generally be considered qualified to evaluate these disabilities provided they have training and experience with adolescents and adults: psychologists, neuropsychologists, and school psychologists. Supplemental information from other relevantly trained professionals may be included. Use of diagnostic terminology indicating a disability by someone whose training and experience are not in these fields is not acceptable. All reports should be on letterhead, typed, dated, signed and otherwise legible. The credentials of the evaluator: licensure, certification and areas of specialization and the state in which the evaluator practices must be included in the documentation. It is not appropriate for professionals to evaluate members of their families.

II. Documentation should contain the following:

A. Diagnostic Interview

An evaluation should include the summary of a diagnostic interview. It should include the following: a description of the presenting problems and include developmental, medical, psycho-social, educational and vocational histories: family history and a discussion of co-morbid conditions where indicated. A qualitative description of the person's test behaviors and strategies used in the testing process, including signs of anxiety, fatigue, motivational issues, etc. is necessary.

Assessment

The evaluation must provide clear and specific evidence that a disability does or does not exist. Assessment and diagnosis should be based on a comprehensive assessment battery that does not rely on any one test or subtest. A substantial limitation to learning or other major life activity must be provided. Tests should be reliable, valid and standardized for use with the adolescent/adult population. A list of commonly used tests is included in the Appendix of this document.

The following domains must be addressed:

1. **Aptitude.** A complete intellectual assessment with all subtest and standard scores reported.
2. **Academic Achievement.** A comprehensive academic achievement battery is necessary with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in reading (decoding and comprehension), mathematics, and oral and written language.
3. **Information Processing.** Specific areas of information processing (e.g., short-and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.
4. **Other.** Other standard and formal assessment measures may be integrated with the above to help support a diagnosis. Testing must be current, preferably within the last three (3) years and ideally completed after the age of sixteen. An Individual Educational Plan (IEP) alone is not acceptable documentation. Reports must include the date(s) of testing.

B. Specific Diagnosis

There must be a clear diagnostic statement; specific evidence of a disability in accordance with the most recent edition of the Diagnostic Statistical Manual (DSM) or International Classification of Disease (ICD) is required. A discussion of functional limitations due to the disability and the impact of the disability on major life activities, including the significance of this impact on the individual's learning must be included. Individual "learning styles," "learning differences," "academic problems" or "slow reader," in and of themselves, do not constitute a diagnosis. It is important to rule out alternative explanation for problems in learning, i.e. emotional, medical or motivational problems. If the data indicate that a disability is not present, the evaluator should clearly state that conclusion in the report.

C. Test Scores

Standard and/or Percentile scores must be provided for all normed measures. Grade equivalents are not useful unless standard and percentiles are included. The profile of the student's strengths and weaknesses should logically relate to accommodation requests.

D. Clinical Summary

A clinical summary should be included with the following information:

1. Demonstration of the evaluator's having ruled out alternative explanations for academic problems.
2. Indication of how patterns of the student's ability, achievement and processing show the presence of a disability.
3. Indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual.
4. Indication of why specific accommodations are needed and how the effects of the specific disability are accommodated. A record of prior accommodation or auxiliary aids should be provided if available.

III. Recommendations for Accommodations

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. Recommendations should be supported with specific test results or clinical observations.

If accommodations are not clearly identified in the report, Disability Services will seek clarification or more information.

Disability Services will make the final determination for providing appropriate and reasonable accommodations.

Appendix

Tests for Assessing Adolescents and Adults

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. Whenever feasible, the most recent version of the test should be used. The following list includes a variety of popular standardized measures for diagnosing. It is meant to be a helpful resource to evaluators, but not a definitive or exhaustive listing

Tests of Intellectual Functioning

- *Kaufman Adolescent and Adult Intelligence Test*
- *Reynolds Intellectual Assessment Scales (RIAS)*
- *Stanford-Binet 5 (SB5)*
- *Test of Non-Verbal Intelligence (TONI-4)*
- *Wechsler Adult Intelligence Scale – IV (WAIS-IV)*
- *Woodcock-Johnson – IV Tests of Cognitive Ability*

Tests of Achievement

- *Gray Oral Reading Test (GORT-5th Ed)*
- *Nelson-Denny Reading Test*
- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Diagnostic Mathematics Test*
- *Stanford Test of Academic Skills (TASK)*
- *Test of Adolescent and Adult Word Finding (TAWF)*
- *Test of Written Language -4 (TOWL-4)*
- *Wechsler Individual Achievement Test -III (WIAT-III)* or specific achievement tests such as:
 - *Woodcock-Johnson IV -Tests of Achievement*
 - *Woodcock Reading Mastery Tests – Revised*

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information. The *Wide Range Achievement Test -4 (WRAT-4)* is not a comprehensive measure of achievement and therefore should not be used as the sole measure of achievement.

Given that the differential diagnosis often involves considering other co-occurring or co-morbid conditions, there is a wide variety of other tests or measures that may be appropriate to include in a diagnostic report. A brief list of representative measures is listed below: