

## Learning Disability – Documentation Guidelines

Documentation submitted to the Center for Disability Services must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activity (e.g. walking, seeing, speaking, hearing, breathing, learning, etc.). A diagnosis of a condition does not automatically qualify a student for accommodations under the Americans with Disabilities Act (ADA). **The documentation must demonstrate that the condition rises to the level of a disability.**

In most cases, a **psycho-educational evaluation is essential in determining the severity and impact of the condition on attention and learning.**

The components of the psycho-educational evaluation or diagnostic report should include the following:

- **Format** – typed/printed on letterhead, dated, and signed with name, title, and professional credentials.
- **Qualifications** – The evaluation should be completed by a person qualified to do so (e.g. psychologists, school psychologists, neuropsychologists, psychiatrists, and other relevantly trained professionals).
- The **reason** for the referral and diagnostic interview.
- A **list of all tests** and measures used to establish the diagnosis.
- **Evaluation Measures** – must be reliable, valid, and age appropriate and should include tests in the following areas:
  - **Aptitude/Cognitive Ability** - subtests and standard scores.
    - Suggested Measures include (not considered a comprehensive list):
      - Wechsler Adult Intelligence Scale – III/IV (WAIS III/IV)
      - Woodcock-Johnson-IV – Tests of Cognitive Ability
      - Kaufman Adolescent and Adult Intelligence Test
      - Stanford-Binet IV
      - *Note: the Slosson Intelligence Test Revised and the Kaufman Brief Intelligence Test are not considered comprehensive enough to provide the information necessary to determine accommodations.*
  - **Academic Achievement** – Current levels of functioning in relevant areas such as reading (decoding and comprehension), mathematics, oral and written language.
    - Suggested measures include (not considered a comprehensive list):

- Woodcock Johnson - OV: Tests of Achievement
  - Wechsler Individual Achievement Test (WIAT)
  - Stanford Test of Academic Skills (TASK)
  - Scholastic Abilities Test for Adults (SATA)
  - Test of Written Language - 3 (TOWL-3)
  - Stanford Diagnostic Mathematics Test
  - Nelson-Denny Reading Skills Test
  - Woodcock Johnson Reading Mastery Tests – Revised
  - *Note: The Wide Range Achievement Test (WRAT) is not acceptable as the sole measure of achievement.*
- **Information Processing** – short and long term memory, auditory and visual perception/processing, processing speed, executive functioning.
    - Suggested measures include (not considered a comprehensive list):
      - Detroit Tests of Learning Aptitude - 3 (DTLA-3)
      - Detroit Tests of Learning Aptitude - Adult (DTLA-A)
      - Wechsler Adult Intelligence Scale – III, subtests
      - Woodcock Johnson - III: Tests of Cognitive Ability, subtests
      - Wechsler Memory Scales
      - Wide Range Test of Memory and Learning
      - Halstead-Reitan subtests
- **The results should be stated clearly with all sub tests and standard scores reported for tests administered.** Provide standard scores and percentiles for all normalized measures. Grade equivalents must be accompanied with standard scores and percentiles. Battery must include current levels of academic functioning in relevant areas such as reading (decoding, comprehension, and mathematics, oral and written language).
  - **Informal observations** during test administration should be noted.
  - **History** – include related developmental, educational, and medical history. Since learning disabilities are often manifested in childhood although not always formally diagnosed, historical information regarding the student’s academic history and learning processes in elementary, secondary, and postsecondary schooling should be investigated.
  - **Limitations** – a statement regarding the functional limitations of the condition on learning, the academic environment, academic performance, and major life activities.
  - Include a **“rule-out” statement**. The evaluator must also investigate and rule out the possibility of other potential diagnoses resembling a learning disability, such as neuroendocrine disorders (thyroid dysfunction), neurologic disorders, and/or medical conditions or substance abuse.

- **Current Impact** – provide a clear statement of current severity and impact of the condition on one or more major life activity.
- **Report Summary**
  - **Recap** the high points, rule out alternative explanations, and summarize how the findings support any “substantial limitation” to a major life activity.
  - Identify the diagnosed disability. If the data does not indicate a diagnosable disability, state conclusion in report.
  - Provide **specific diagnosis as defined by the most recent edition of the DSM, including diagnostic code.**
- **Recommendations**
  - **Accommodations** - a summary of recommended accommodations tied to specific test results and including rationale for the accommodations.
  - If there is no previous **history of accommodations**, evaluator should include an explanation of why accommodations were not used in the past and why accommodations are needed at this time. (*Note: A history of accommodations without demonstrating current need does not necessarily warrant accommodations.*)
  - Recommendations are considered, however, the Center for Disability Services will make final determination regarding accommodations.
- **Documentation must be recent.** Although the diagnosis of a learning disability may be life long, the severity of the condition may change over time. If the psycho-educational evaluation documenting the condition is more than **five years** old, the student may be asked to submit an updated evaluation from a qualified professional that provides an update of the diagnosis, updated test results, a description of the student’s current level of functioning, and a rationale for the requested accommodations.
- It is noted that individuals may benefit from prescribed medications. A positive response to medication does not necessarily confirm a diagnosis nor does the use of medication either support or negate the need for accommodations.
- A school plan such as an individualized education program (**IEP**) or a **504 plan is insufficient documentation** by itself but can be included as part of a more comprehensive assessment battery. The comprehensive assessment battery and the resulting diagnostic report must include a diagnostic interview, assessment of aptitude, academic achievement, and information processing.
- Historical information regarding the student’s academic history and learning processes in elementary, secondary, and postsecondary school, as well as transcripts, standardized test scores, and reports of classroom performance are helpful in determining appropriate accommodations, but are insufficient to determine eligibility.

- Learning disability **diagnoses documented by family members will not be accepted** due to professional and ethical considerations even when the family members are otherwise qualified by training and licensure/certification.
- If the disability co-exists with another condition, please refer to the appropriate documentation guidelines for additional information.
- The student's advisor and the Center for Disability Services case management team will determine if the student qualifies for accommodations and what accommodations should be implemented.