

Faulkner University
**Guidelines for Documentation of a Learning Disability
In Adolescents and Adults**

Introduction

The following guidelines are designed to provide students and professional diagnosticians with a common understanding and knowledge base of the components of documentation which are necessary to validate the existence of a learning disability, its impact on the individual's educational performance, and the need for accommodation(s) in the post- secondary setting. The information and documentation should be comprehensive in order to avoid or reduce time delays in decision-making related to eligibility and the provision of services.

This document presents guidelines in five important areas:

- I. Qualifications of the Evaluator
- II. Currency and "Age-Appropriateness of Testing"
- III. Necessary Components of the Comprehensive Evaluation and Diagnostic Report
 - Diagnostic Interview
 - Ability/Cognitive Testing
 - Academic Achievement Testing
 - Information Processing Testing
 - Other Testing
 - A Specific Diagnosis
 - Reporting Test Scores
 - Rationales for Recommended Accommodations
- IV. Clinical Interpretive Summary**
- V. Confidentiality

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed certain protections and rights to equal access to programs and services. In order to establish that an individual is covered under the ADA and/or Rehabilitation Act, the documentation must indicate that the disability substantially limits one or more major life activities, such as, but not limited to, hearing, breathing, performing manual tasks, walking, caring for oneself, and/or learning (reading and writing). The following documentation guidelines are provided in the interest of assuring that a clinically documented learning disability appropriately meets Faulkner University criteria and may support some or all requests for accommodations, academic adjustments, and/or auxiliary aids and services.

A diagnosis of a disability alone does not automatically qualify an individual for an accommodation under the ADA.

Clinical documentation of a learning disability which is submitted to Project Key (PK) for the purpose of seeking accommodations is expected to meet the standards set forth in these guidelines. All clinical documentation is reviewed by the Director of Project Key as required, to determine what, if any, accommodations are appropriate. Although a previous history of accommodations may provide valuable insight into the student's ability to integrate into a previous setting, the director of PK makes independent judgments about Faulkner's settings and the appropriateness, if any, of accommodation requests.

It is the responsibility of the student to obtain his/her documentation and to present a copy to Project Key. Any correspondence regarding adequacy of the documentation will be sent to the student. It is the student's responsibility to obtain additional information or testing when a request is made. The final determination of appropriate accommodations rests with the PK staff based on a review of the documentation as outlined below.

I. Qualifications of the Evaluator

Professionals conducting assessments and rendering diagnoses of specific learning disabilities and making recommendations for appropriate accommodations must be qualified to do so. The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, and state in which the individual practices must be clearly stated in the documentation. For example, the following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have training and experience in evaluating adolescent/adult learning disabilities: clinical or educational psychologist, school psychologist, and neuropsychologists. It is not appropriate for professionals to evaluate members of their own families. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

II. Testing Must Be Current and Age Appropriate

Written reports must include the date of testing. Because the provision of all reasonable accommodations and services is based upon the assessment of the current impact of the student's disabilities on his or her academic performance, it is in the student's best interest to provide recent and appropriate documentation that is standardized for use with an adolescent/adult population.

Project Key reserves the right to request additional assessment information when questions regarding the assessment or accommodations arise.

III. Necessary Components of the Comprehensive Evaluation and Diagnostic Report

Documentation must demonstrate that the learning disability *currently and substantially* limits a major life activity, such as learning. The diagnostician must use *direct language* in the diagnosis of a learning disability, avoiding such terms as, “weakness,” “appears,” “suggests,” or “indicative of” as these statements do not support a conclusive diagnosis. The diagnostic process must be comprehensive and include a thorough clinical interview.

Diagnoses of specific learning disabilities that do not contain psychoeducational measures will not be used for determining eligibility for reasonable accommodations. For example, school plans such as an Individualized Educational Plan (IEP) or 504 Plans by themselves are not adequate documentation, but may be helpful.

Assessment, and any resulting diagnosis must consist of and be based on a comprehensive assessment battery that does not rely on any one test or subtest.

A. Diagnostic Interview

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the student’s academic history and learning processes in elementary, secondary, and post-secondary education must be investigated and documented. By using a combination of student self-report, interviews with others, and historical documentation such as standardized test scores, the diagnostician should provide a summary of the following:

- A description of the presenting problems(s);
- Developmental history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- Academic history including results of prior standardized testing; reports of classroom performance;
- Relevant family history, including primary language of the home, and the student’s current level of fluency in English;
- Psychosocial history;
- Relevant employment history;
- A discussion of dual diagnoses, alternative or co-existing mood, behavioral, and/or personality disorders along with any history of relevant medication and current use which may impact the individual’s learning; and possible alternatives which may mimic a learning disability when, in fact, one is not present.

B. Ability/Cognitive Testing

The evaluation must contain a complete intellectual assessment with all cluster and subtests reported as standard scores. Screening instruments are not acceptable in any area. The following instruments are recommended; use of other instruments should be justified by the diagnostician:

- *Wechsler Adult Intelligence Scale- III (WAIS III)*
- *Woodcock-Johnson III Tests of Cognitive Ability*

C. Academic Achievement Testing

It is essential to include a comprehensive achievement battery with all cluster and subtests reported as standard scores and/or percentile rank scores. Screening instruments are not acceptable in any area. The battery must include current levels of functioning in such relevant areas as reading (decoding and comprehension), mathematics (calculation and problem solving), oral language, and written expression (spelling, punctuation, capitalization, writing samples). The following instruments are recommended; use of other instruments should be justified by the diagnostician.

Comprehensive Measures of Achievement

- *Woodcock-Johnson III- Tests of Achievement*
- *Scholastic Abilities Test for Adults (SATA)*

Specific Measures of Achievement

Specific achievement tests are useful instruments when administered under standardized conditions and when results are used to support other diagnostic information.

- *Nelson-Denny Reading Test*
- *Stanford Diagnostic Test*
- *Test of Written Language (TOWL-3)*
- *Woodcock Reading Mastery Tests-Revised*

Note #1: The Reading, Math, and Writing Fluency subtests of the *Woodcock-Johnson III Tests of Achievement* and the One-Minute Reading Rate Subtest of the *Nelson-Denny Reading Test* will not, in and of themselves, be sufficient to document processing speed and/or reading, math, and writing speeds.

Note #2: In addition to being administered a comprehensive measure of achievement (including all subtests), individuals who have reading impairments should be administered the *Nelson-Denny Reading Test (NDRT)* form G or H. For students who have reading speed impairments, the NDRT should be scored twice for standard time conditions and extended-time testing with notation of the actual additional time used to complete the test (not the time allowed). In addition, the number of items attempted and completed during the regular and extended testing periods must be provided. The NDRT should be a part of the assessment for students planning to take the LSAT.

Note #3: The *Wide Range Achievement Test 3 (WRAT-3)* is not a comprehensive measure of achievement and therefore should not be used as the sole measure of achievement.

D. Information Processing Testing

The following areas may be addressed in the evaluation report: short and long term memory (storage and retrieval), auditory and visual perception processing and processing speed. All cluster and subtests must be reported as standard scores and/or percentile rank scores. Screening instruments are not acceptable in any area. A single subtest may not be sufficient to document current levels of functioning. The following instrument is recommended; use of other instruments should be justified by the diagnostician.

- *Woodcock-Johnson Psychoeducational Battery III- Tests of Cognitive Ability (Standard Battery—subtests 1–10)*

E. Other Testing

Non-standard measures, informal assessment instruments, or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the instruments described above to help rule in or rule out the learning disability and/or to differentiate it from co-existing neurological and/or psychiatric disorders, i.e., to establish a differential diagnosis. The evaluator should address why these assessments were included in addition to the standard measures. In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

F. The Documentation Must Include a Specific Diagnosis

The diagnostic report should include the specific diagnostic impressions of the evaluator, including comorbid disorders. Diagnoses based on the *Diagnostic and Statistical Manual-Fourth Edition (DSM-IV)* are required.

Non-specific diagnoses, such as individual “weakness,” “learning styles,” “learning differences,” “academic problems,” “computer phobias,” “slow reader,” “test difficulty or anxiety,” in and of themselves do not constitute a learning disability. It is important to rule out alternative explanations for problems in learning, such as emotional, attentional, or motivational problems, that may be interfering with learning but that do not constitute a learning disability. The diagnostician should use direct language in the diagnoses and documentation of a learning disability and to avoid the use of such terms as “suggests” or “is indicative of.”

G. Actual Test Scores from Standardized Instruments Must be Provided

Standard scores and/or percentile rank scores must be provided for all normed measures. If grade equivalent scores are reported, they must be accompanied by standard scores and/or percentile rank scores. The data must logically reflect a substantial limitation to learning (i.e., reading and/or writing) for which the student is requesting the accommodation. The particular profile of the student’s strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.

Tests used should be reliable, valid, and standardized for use with an adolescent/adult population. The test findings must document both the nature and severity of the learning disability. A single test and/or subtest may not be sufficient to document current levels of functioning.

H. Each Accommodation Recommended by the Evaluator Must Include a Rationale

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant provision of a like accommodation.

The diagnostic report should include specific recommendations for the accommodation(s) as well as an explanation of why each accommodation is recommended. The evaluator(s) must describe the impact the diagnosed learning disability has on the specific individual. The evaluator(s) should support recommendations with specific test results or clinical observations. If no prior accommodation(s) has been provided, the qualified professional should include a detailed explanation of why no accommodation(s) was used in the past and why an accommodation(s) is needed at this time.

If a requested accommodation is not clearly supported in the diagnostic report, Project Key staff reserves the right to seek additional clinical information pertaining to determination of eligibility for requested accommodations. It is the student’s responsibility to obtain additional information or testing when a request is made.

IV. Clinically Interpretive Summary

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary and important component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated with background information, observations of the individual during the testing situation, and the current context. It is important, therefore, that professional judgment be **used in the development of a clinical summary.**

The clinical summary must include:

1. Indication that the evaluator ruled out alternative explanations for academic problems such as poor education , poor motivation and/or study skills, emotional problems, attentional problems, and/or cultural language differences;
2. Indication of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability;
3. Indication of the substantial limitation presented by the learning disability and the degree to which it affects the individual in the learning context for which accommodations are being requested; and
4. Indication of why specific accommodations are needed and how the effects of the specific disability are mediated by the accommodation.

V. Accountability and Confidentiality

All information obtained in diagnostic and medical reports will be maintained and used in accordance with applicable confidentiality requirements.

QUESTIONS

Questions about these guidelines should be directed to Pat Morrow, Director of Project Key, at 334-386-7185, 1-800-879-9816, extension 7185, pmorrow@faulkner.edu, or mailed to Pat Morrow, Faulkner University, 5345 Atlanta Highway, Montgomery, AL 36109

