

Stephen F. Austin State University

Disability Services Documentation Guidelines for Students with Disabilities

Students who are requesting support services from the office of Disability Services at Stephen F. Austin State University are required to submit documentation to verify eligibility. Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (as amended) individuals with disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity.

These guidelines apply to documentation for learning disabilities, attention deficit disorder/attention deficit hyperactive disorder, visual and hearing impairments, orthopedic/ mobility impairments, and other qualified disabilities as defined under Section 504 and the ADA.

A list of tests commonly used in diagnosing learning disabilities is included in Appendix 2.

I. Documentation Criteria

All documentation must meet the following criteria:

- A clear clinical diagnosis must be stated by the diagnosing professional. (**Appendix 1.1**)
- Documentation must be current, adult-based, and describe the student's current level of functioning. (**Appendix 1.2**)
- Specific suggestions for reasonable accommodations which might be appropriate at the post-secondary educational level must be included.

All documentation should cover the following areas of interest:

- Name of the assessment instrument(s) used.
- Clearly define the areas of educational impact.
- Severity factors of the disability must be stated.
- Prescriptive treatments and/or medications must be noted.
- Observations or recommendations that would assist Disability Services or University Housing in serving the student.

II. Substantiation of Specific Disabilities

Learning Disabilities - Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is not sufficient documentation. The comprehensive assessment battery and the resulting diagnostic report should include a **diagnostic interview, assessment of intelligence quotient, academic achievement, information processing, and a diagnosis** that substantiates a disability as specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), fourth edition (p.49). (**Appendix 1.3**)

Attention Deficit Hyperactive Disorder - In addition to the criteria set out in Learning Disabilities section that may also apply to ADHD, the medical and/or clinical diagnosis for ADHD should include an adult-based evaluation and the following that supports the diagnosis. **Quantitative data** - direct

observational technique, behavioral rating scales, TOVA, Connor Behavioral Rate scale, etc. and **Qualitative data** - direct observations which include DSM-IV criteria.

Physical or Medically Related Disabilities - As defined under the provisions of Section 504 and the ADA, other disabilities may include, but not be limited to, the following: visual impairment, hearing impairment, cerebral palsy, seizure disorder, orthopedic impairment, cancer, diabetes, psychiatric disorder, etc. Documentation should be provided by a licensed professional in the appropriate area of specialization. Examples include the *Texas Eye Exam Report* for students with visual impairment or an *Audiogram* for students with hearing impairments. A *Texas Certificate of Blindness* or *Certificate of Deafness* is not sufficient to determine a student's current level of functioning.

Psychiatric Disorders – Current documentation should be provided by a licensed professional in the appropriate area of specialization. Information regarding medications and side effects should be included. Generally, documentation of a psychiatric disorder should be updated every year.

III. Recommendations for Accommodations

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 does not, in and of itself, warrant the provision of a similar accommodation. The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluator should support recommendations with specific test results or clinical observations. The final determination for providing appropriate accommodations rests with the university.

IV. Housing Requests

Students making requests for housing accommodations due to disabilities have additional documentation guidelines:

<http://www.sfasu.edu/housing/newstudents/specialaccommodations.asp?>

These guidelines are provided so that Disability Services can respond appropriately to the individual needs of the student. Disability Services reserves the right to determine eligibility for services based on the quality and scope of the submitted documentation. Documentation will receive confidential review by the Director of Disability Services and/or University's Academic Assessment Committee and/or the Housing Accommodation Assessment Committee.

V. Submit documentation to:

Disability Services Attention: Chuck Lopez, Director
P.O. Box 6130, SFA Station
Nacogdoches, TX 75962
Voice: (936) 468-3004
FAX: (936) 468-1368
Revised: Fall 2007

Appendix 1.1

Qualifications of the Evaluator - Professionals conducting assessments, rendering diagnoses, and making recommendations for appropriate accommodations must be qualified to do so. When diagnosing learning disabilities, comprehensive training and direct experience with an adolescent and adult LD population is essential. The name, title, and professional credentials of the evaluator should be clearly stated in the documentation, including information about license or certification (e.g., licensed psychologist.) For example, the following licensed professionals would generally be considered qualified to evaluate specific learning disabilities in adolescents and adults: school psychologists, neuropsychologists, learning disabilities specialists, licensed specialist in school psychology, licensed professional counselors, or an individual with a doctorate in special education. All reports should be on letterhead, typed, dated, signed and otherwise legible. **NOTE:** A masters-level Educational Diagnostician is NOT licensed to make a clinical diagnosis.

Appendix 1.2

Current Documentation - The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his or her academic performance at a given time in the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation relevant to the student's learning environment. In such cases, it may be appropriate to update the evaluation report conducted by a qualified professional, and should include a rationale for ongoing services and accommodations.

Appendix 1.3

Assessment - The neuropsychological or psychoeducational evaluation for the diagnosis of a specific learning disability must provide clear and specific evidence that a learning disability does or does not exist based on DSM-IV. Assessment, and any resulting diagnosis, should consist of and be based on a comprehensive assessment battery which does not rely on any one test or subtest. **Evidence of a substantial limitation to learning or other major life activity must be provided. A list of commonly used tests is included in Appendix B. Minimally, the domains to be addressed must include the following:**

- **Intelligence Quotient** - with all subtest and standard scores reported.
- **Academic Achievement** - The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
- **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. Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains.

Specific Diagnosis - Individual "learning styles," "learning differences," "academic problems" and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important to rule out alternative explanations for learning problems that do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of." **If the data indicates that a learning disability is not present, the evaluator should state that conclusion in the report.**

Test Scores - Standard scores (sometimes percentiles may be useful) should be provided for all normed measures. Grade equivalents are not useful unless standard scores are also included. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests used should be reliable, valid, and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the learning disability. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

Clinical Summary - A well-written, explicit and clear diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgment be utilized in the development of a clinical summary. The clinical summary should include a record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations).

APPENDIX 2.0

The following list of tests for assessing adolescents and adults is provided as a helpful resource but it is not intended to be definitive or exhaustive.

Intelligence Quotient, Wechsler Adult Intelligence Scale - Revised (WAIS-R); Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test; Stanford-Binet Intelligence Scale (4th ed.)

*The Slosson Intelligence Test - Revised and the Kaufman Brief intelligence Test are primarily screening devices which **are not comprehensive** enough to provide the kinds of information necessary to make accommodation decisions.*

Academic Achievement, Scholastic Abilities Test for Adults (SA TA); Stanford Test of Academic Skills; Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement; Wechsler Individual Achievement Test (WIAT); Woodcock Reading Mastery Tests - Revised

*Specific achievement tests are useful instruments when and-administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) is **not a comprehensive** measure of achievement and therefore is not useful as the sole measure of achievement.*

Information Processing, Acceptable instruments include the information from subtests on WAIS-R; Woodcock Johnson Psychoeducational Battery - Revised.- Tests of Cognitive Ability; as well as other relevant instruments.