Guidelines for Documentation

Preface

These materials were adapted from a document developed by an ad hoc committee established by the Association on Higher Education and Disability (AHEAD) and from the Educational Testing Service (ETS) “Policy Statement for Documentation of a Learning Disability In Adolescents and Adults.”

Introduction

The following document describes standard criteria for documenting learning disabilities (LD) that can be used to determine appropriate accommodations for individuals with learning disabilities. This document addresses learning disabilities; guidelines for documentation of ADHD have been published separately. The Guidelines provide students, professional diagnosticians, and service providers with a common understanding and knowledge base of those components of documentation which are necessary to validate a learning disability and the need for accommodation. The information and documentation to be submitted should be comprehensive in order to avoid or reduce time delays in decision-making related to the provision of services.

This document presents guidelines for documentation in four important areas: 1) qualifications of the evaluator; 2) recency of documentation; 3) appropriate clinical documentation to substantiate the learning disability; and 4) evidence to establish a rationale supporting the need for accommodation(s).

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights to equal access to programs and services. In order to access these rights, the documentation must indicate that the disability **substantially limits** some major life activity, including learning. The following guidelines are provided in the interest of assuring that LD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments, and/or auxiliary aids.

Documentation Guidelines

**A Qualified Professional Must Conduct the Evaluation**

Professionals conducting assessments and rendering diagnoses of specific learning disabilities and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience with an adolescent and adult LD population are essential. Competence in working with culturally and linguistically diverse populations is also essential.

The name, title, and professional credentials of the evaluator - including information about license(s) or certification(s), area(s) of specialization, and the 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 additional training and experience in evaluating adolescent/adult learning disabilities: clinical or educational psychologists; school psychologists; neuropsychologists; learning disabilities specialists; medical
doctors with training and experience in the assessment of learning problems in adolescents and adults. Use of diagnostic terminology indicating a specific learning disability by someone whose training and experience are not in these fields is not acceptable. 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.

Testing Must Be Current
Because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the student's disabilities on his or her academic performance, it is in a student's best interest to provide recent and appropriate documentation. In most cases, this means that testing has been conducted within the past three years.

Whenever possible, Dartmouth College will recommend what aspects of the documentation may need to be updated or augmented in order to be reviewed more fully. Students who submit documentation that is not current, and/or inadequate in scope and content or that does not address the student’s current level of functioning or the need for accommodation(s) will be required to update the evaluation report. The purpose of an update is to determine the student’s current need for accommodation(s). The update should be undertaken by a qualified professional who provides relevant information or additional testing as deemed necessary to document that the disability substantially limits a major life function and necessitates a specific accommodation. An update must include a detailed professional summary of relevant information.

Documentation Necessary to Substantiate the Learning Disability Must Be Comprehensive
Prior documentation may have been useful in determining appropriate services in the past. However, documentation must 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 educational plan (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, and information processing.

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 postsecondary education must be investigated and documented. An evaluation report should include the summary of a comprehensive diagnostic interview by a qualified evaluator. By using a combination of student self-report, interviews with others, and historical documentation such as transcripts and standardized test scores, the diagnostician should provide a summary of the following:

Description of the presenting problem(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 of English
• Relevant psychosocial history
• Relevant employment history
• A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological, and/or personality disorders along with any history of relevant medication and current use which may impact the individual's learning
• An exploration of possible alternatives which may mimic a learning disability when, in fact, one is not present.

Assessment

All neuropsychological or psycho-educational evaluations must provide clear evidence that a specific learning disability does or does not exist. Objective evidence of a substantial limitation to learning must be provided. Assessment must consist of a comprehensive, individualized, standardized and norm-appropriate assessment battery. Any resulting diagnosis must be based upon a pattern of performance across the battery. A list of a variety of acceptable tests is included in Appendix A. Any factors influencing the validity of the testing must be described. For example, if the test taker regularly takes medication but did not do so on the day of the testing, the evaluator should address the potential impact on test results and functioning.

Objective evidence of a substantial limitation to learning must be provided. A list of acceptable tests is included in Appendix A. Minimally, the domains to be addressed must include the following:

Aptitude/ Cognitive Ability
A complete intellectual assessment with all subtests and standard scores reported is essential.

Academic Achievement
A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.

Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/processing; processing speed; executive functioning; motor ability) should be assessed.

Other Assessment Measures
Non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the above instruments to help rule in or rule out the learning disability to differentiate it from co-existing neurological and/or psychiatric disorders, i.e., to establish a differential diagnosis. In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.
The Documentation Must Include a Specific Diagnosis

Non-specific diagnoses such as "learning styles," "learning differences," "academic problems," "computer phobias," "slow reader," and "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 do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of."

If the data indicate that a learning disability is not present, the evaluator must state that conclusion in the report.

Actual Test Scores from Standardized Instruments Must be Provided

Standard scores and/or percentiles must be provided for all normed measures. Reports of grade equivalents must be accompanied by standard scores and/or percentiles. The data must logically reflect a substantial limitation to learning 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.

The 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. 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.

A Clinical Summary Must be Provided

A well-written diagnostic summary based on a comprehensive evaluative 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 with background information, observations of the client during the testing situation, and the current context. It is essential, 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 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 to learning presented by the learning disability and the degree to which it effects the individual in the learning context for which accommodations are being requested
4. Indication of why specific accommodations are needed and how the effects of the specific disability are mediated by the accommodation.
Each Accommodation Recommended by the Evaluator Must Include a Rationale
The evaluator(s) must describe the effect the diagnosed learning disability has on a specific major life activity as well as the degree of significance of the effect on the individual. The diagnostic report must include specific recommendations for accommodations. The report should also provide a detailed explanation as to why each accommodation is recommended. The evaluator should support recommendations with specific test results or clinical observations and should include any 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) and whether or not they benefited the student. However, a prior history of accommodation, without demonstration of a current need, does not in itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional and/or the student should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time. When accommodation(s) are warranted, the determination for accommodation(s) rests with the Student Disability Coordinator working in collaboration with the appropriate faculty and administrative personnel and with the student with the disability.

Confidentiality
Dartmouth College has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed consent or under compulsion of legal process.

Recommendations for Consumers
1. For assistance in finding a qualified professional:
   - Contact the school counselor or disability services coordinator at the institution you attend(ed)
   - Discuss your future plans with the school counselor or disability services coordinator at the institution you attend(ed) or the one you plan to attend

2. In selecting a qualified professional:
   - Ask what his or her credentials are
   - Ask what experience he or she has had working with adolescents or adults with learning disabilities
   - Ask if he or she has ever worked with the service provider at your institution

3. In working with the professional:
   - Take a copy of these guidelines to the professional; encourage him or her to clarify questions with the person who provided you with these guidelines
   - Be prepared to be forthcoming, thorough, and honest with requested information
   - Know that professionals must maintain confidentiality with respect to your records and testing information

4. As follow-up to the assessment by the professional:
   - Request a written copy of the assessment report
   - Request the opportunity to discuss the results and recommendations
   - Request additional resources if you need them
   - Maintain a personal file of your records and reports
Appendix A

Tests for Assessing Adolescents and Adults

When selecting a battery of tests, it is critical to consider the technical adequacy of the instruments used, including their reliability, validity, and standardization on an appropriate norm group. The most current versions of all assessment instruments should also be employed. The professional judgment of an evaluator in choosing tests is important. The following list is provided as a helpful resource but is not intended to be definitive or exhaustive.

Tests of Intellectual Functioning
- Reynolds Intellectual Assessment Scale (RIAS)
- Stanford-Binet Intelligence Scales – Fifth Edition (SB5)
- Test of Non-Verbal Intelligence – Third Edition (TONI-3)
- Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)
- Woodcock-Johnson Cognitive Battery – III NU (WJ-III-NU)

Tests of Attention, Executive Functioning, Memory, and Learning
- Behavior Rating Inventory of Executive Function (BRIEF)
- Brown Attention Deficit Disorder Scale
- California Verbal Learning Test – Second Edition (CVLT-II)
- Conners’ Adult ADHD Rating Scale — Self Report
- Conners’ Continuous Performance Test-II (CPT-II)
- Delis-Kaplan Executive Function System (D-KEFS)
- Detroit Test of Adult Learning Aptitude (DTLA-A)
- Halstead-Reitan Neuropsychological Test Battery
- Rey Osterrieth Complex Figure Test (ROCFT)
- Stroop Color and Word Test
- Test of Variable Attention (TOVA)
- Wechsler Memory Scale – Fourth Edition (WMS-IV)
- Wide Range Assessment of Memory and Learning – Second Edition (WRAML2)
- Wisconsin Card Sorting Test

Tests of Achievement
- Wechsler Individual Achievement Test – Third Edition (WIAT-III)
- Woodcock-Johnson Achievement Battery III NU

Tests of Specific Achievement:
Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. Some examples of specific achievement assessments include:

Reading:
- Nelson-Denny Reading Test
- Wide Range Achievement Test - 4 (WRAT-4)

Written Expression:
- Oral and Written Language Scale: Written Expression (OWLS:WE)
- Test of Written Language - 4 (TOWL-4)

Mathematics:
- Stanford Diagnostic Mathematics Test – Fourth Edition (SDMT4)
Given that the differential diagnosis of LD 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:

**Other Measures:**
- Beck Depression Inventory - Second Edition (*BDI-II*)
- Beck Anxiety Inventory (*BAI*)
- Behavior Assessment System for Children – Second Edition (College) (*BASC2*)
- Minnesota Multiphasic Personality Inventory – 2 (*MMPI-2*)
- Personality Assessment Inventory (*PAI*)
- Symptom Checklist 90 – Revised (*SCL-90-R*)

**Appendix B**

**Resources and Organizations**

**Association on Higher Education and Disability (AHEAD)**
107 Commerce Center Drive, Suite 204
Huntersville, NC 28078
1-704-947-7779 voice
1-704-948-7779 Fax
Internet: [http://www.AHEAD.org](http://www.AHEAD.org)

An excellent organization to contact for individuals with disabilities who are planning to attend college and who will need accommodations. Numerous training programs, workshops, publications, and conferences.

**Attention Deficit Disorder Association (ADDA)**
15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
1-856-439-9099 voice
1-856-439-0525 Fax
Internet: [http://www.add.org](http://www.add.org)

The mission of ADDA is to provide information, resources and advice to adults with AD/HD and to the professionals who work with them. ADDA has an annual conference, a quarterly newsletter, audio and video tapes, and provides adults with advocacy and networking opportunities.

**The Council for Exceptional Children (CEC)**
1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704
1-888-CEC-SPED voice -- Toll free
1-703-620-3660 voice
1-866-915-5000 TTY
1-703-264-9494 Fax
Internet: [http://www.cec.sped.org](http://www.cec.sped.org)

The largest international professional organization committed to improving educational outcomes for
individuals with disabilities and/or gifted. The Division for Learning Disabilities (DLD) is the largest division in CEC. It produces a top-tier research journal, Learning Disabilities Research & Practice, and a triannual newsletter.

**International Dyslexia Association (IDA)**
40 York Road, 4th Floor
Baltimore, MD 21204-5202
1-410-296-0232 voice
1-800-ABCD-123 voice — Toll free for Messages
1-410-321-5069 Fax
Internet: [www.interdys.org](http://www.interdys.org)
The IDA is an international, nonprofit organization dedicated to the study and treatment of learning disabilities and dyslexia. For nearly 52 years, the IDA has been helping individuals with dyslexia, their families, teachers, physicians, and researchers to better understand dyslexia. IDA has more than 13,000 members with 40 branches in the U.S. and Canada.

**Learning Disabilities Association of America (LDA)**
4156 Library Road
Pittsburgh, PA 15234-1349
1-412-341-1515 voice
1-412-344-0224 Fax
Internet: [www.ldanatl.org](http://www.ldanatl.org)
LDA is the largest nonprofit volunteer organization advocating for individuals with learning disabilities. LDA has more than 200 local affiliates in 50 states, Washington, D.C. and Puerto Rico. LDA seeks to educate individuals with learning disabilities and their parents about the nature of the disability and inform them of their rights. A national newsletter, Newsbriefs, is published six times a year.

**National Center for Learning Disabilities (NCLD)**
381 Park Ave. South, Suite 1401
New York, NY 10016
1-212-545-7510 voice
1-212-545-9665 Fax
1-888-575-7373 — Toll free
Internet: [www.ncld.org](http://www.ncld.org)
NCLD’s mission is to promote public awareness and understanding of children and adults with learning disabilities, and to provide national leadership on their behalf, so they may achieve their potential and enjoy full participation in society.

**Recording for the Blind & Dyslexic (RFB&D)**
20 Roszel Road
Princeton, NJ 08540
1-609-452-0606 voice
1-800-221-4792 voice — Toll free (book orders)
1-609-520-7990 Fax
Internet: [www.rfbd.org](http://www.rfbd.org)
RFB&D is recognized as the nation’s leading educational lending library of academic and professional textbooks on audio tape from elementary through postgraduate and professional levels. Students with print disabilities can request CD versions of books from a library of more than 31,000 digital titles.