

Guidelines for Documenting a Learning Disability

Introduction

This document was developed through the auspices of the Association on Higher Education and Disability (AHEAD) and is intended to provide a common understanding and knowledge base of those components of documentation that are necessary to validate a learning disability and the need for accommodations. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served appropriately.

This document presents guidelines 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 accommodations.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, individuals with learning disabilities are guaranteed certain protections and rights to equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity. 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.

Recommendations for consumers are presented in Appendix A to assist them in finding and working with a qualified professional in regard to documentation.

Documentation Guidelines

I. Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult LD population is essential.

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, employment, and state/province in which the individual practices should be clearly stated in the documentation. For example, the following professionals would generally be considered qualified to evaluate learning disabilities provided that they have additional training and experience in the assessment of learning problems in adolescents and adults: clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists, medical doctors, and other professionals. Use of diagnostic terminology indicating a learning disability by someone whose training and experience are not in these fields is not

acceptable. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families. All reports should be on letterhead, typed, signed and otherwise legible.

II. Documentation

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his/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 some instances, documentation may be outdated or inadequate in scope or content. It may not address the student's current level of functioning or need for accommodations because observed changes may have occurred in the student's performance since the previous assessment was conducted. In such cases, it may be appropriate to update the evaluation report. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional should include a rationale for ongoing services and accommodations.

III. Substantiation of the Learning Disability

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 504 plan is insufficient documentation, but it 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, information processing and a diagnosis.

A. Diagnostic Interview

An evaluation report should include the summary of a comprehensive diagnostic interview. Learning disabilities are most commonly manifested during childhood, but not always formally diagnosed. Relevant information regarding the student's academic history and learning processes in elementary, secondary, and post secondary education should be investigated. The diagnostician, using professional judgment as to which areas are relevant, should conduct a diagnostic interview which may include: a description of the presenting problem (s); developmental, medical, psychosocial, and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

B. Assessment

The neuropsychological or psycho-educational evaluation for the diagnosis of a learning disability must provide clear and specific evidence that a learning disability does or does not

exist. 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:

1. Aptitude

A complete intellectual assessment with all subtests and standard score reported.

2. Academic Achievement

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as 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.

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. Other formal assessment measures may be integrated with the above instruments to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorder (i.e., to establish a differential diagnosis). In addition to standardized test, it is also very useful to include informal observations of the student during the test administration.

C. 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 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 and documentation of a learning disability, avoiding the use of terms such as "suggest" or "is indicative of."

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

D. Test Scores

Standard scores and/or percentiles should be provided for all normed measures. Grade equivalents are not useful unless standard scores and/ or percentiles are also included. The data should logically reflect a substantial limitation to learning for which the students 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 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.

E. Clinical Summary

A well-written 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:

1. demonstration of the evaluator's having ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language differences;
2. indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning 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 in the learning context for which accommodations are being requested; and
4. indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also 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).

IV. 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 evaluators should describe the impact the diagnosed learning disability has on a specific major life activity as

well as the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in a diagnostic report, the RCPD will seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the RCPD.

In instances where a request for accommodations is denied, the student can file a written grievance with the Director of the RCPD.

V. Confidentiality

The RCPD has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.

APPENDIX A Recommendations for Consumers

1. For assistance in finding a qualified professional:
 - contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs; and discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.
2. In selecting a qualified professional:
 - ask what his or her credentials are; ask what experience he or she has had working with adults with learning disabilities; and ask if he or she has ever worked with the service provider at your institution or with the agency to which you are sending material.
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; and
 - 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; and
 - maintain a personal file of your records and reports.

APPENDIX B 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.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

Aptitude

- *Wechsler Adult Intelligence Scale-Third Ed (WAIS)*
- *Woodcock-Johnson Psychoeducational Battery: Tests of Cognitive Ability*
- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet Intelligence Scale*

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 (SATA)*
- *Stanford Test of Academic Skills*
- *Woodcock-Johnson Psychoeducational Battery: Tests of Achievement*
- *Wechsler Individual Achievement Test (WIAT)*

Or specific achievement tests such as:

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

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

Information Processing

Acceptable instruments include the *Detroit Tests of Learning Aptitude (DTLA)*, the *Detroit Tests of Learning Aptitude - Adult (DTLA-A)*, information from subtests on *WAIS*, *Woodcock-Johnson Psychoeducational Battery: Tests of Cognitive Ability*, as well as other relevant instruments.