

## **Guidelines for the Documentation of a Learning Disability in Adolescents and Adults**

To receive reasonable and appropriate services/accommodations, students must present documentation of their disability and **current** functional limitations. This means that there needs to be a diagnosis by professionals generally considered qualified to evaluate specific 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; or a combination of such professionals with expertise in the diagnosis of learning disabilities in adolescents and adults. ***Documentation must include all of the following:***

### **I. 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. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in both adolescents and adults.

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 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 and 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.

### **II. Testing Must Be Current**

The College acknowledges that once a person is diagnosed as having a qualified learning disability under the Americans with Disabilities Act the disability is normally viewed as life-long. Although the learning disability will continue, the severity of the condition may change over time.

Because the provision of all reasonable accommodations and services is based upon assessment of the **current** impact of the individual's disabilities on his or her academic performance, it is in a candidate's best interest to provide recent and appropriate documentation. In the case of high school students, testing should have been conducted within the past three years. In the case of adults, testing must be conducted within the past five years given that many students submit their documentation for securing accommodations during their freshman year in college.

Whenever possible, the director of the Counseling Center will recommend what aspects of the documentation may need to be updated or augmented in order to be reviewed more fully. Candidates who submit documentation that is not current, and/or inadequate in scope and content or that does not address the candidate'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 candidate'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 as delineated in Section III.A.

### **III. 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 candidate's *current* level of functioning in the educational setting. A school plan such as an individualized education program (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 must include a diagnostic interview, assessment of aptitude, measure of academic achievement and information processing.

#### **A. Diagnostic Interview**

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the candidate'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. A combination of candidate self-report, interviews with others, and historical documentation, such as transcripts and standardized test scores, is recommended. The diagnostician, using professional judgment as to which areas are relevant to the question of determining a candidate's current eligibility for accommodation(s), must provide a summary that includes a 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 candidate'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 use that may affect the individual's learning; and exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

#### **B. 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. 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.

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.

- **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; motor ability) should be addressed.

Other assessment measures, such as classroom tests 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 coexisting 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 test administration.

### **C. Documentation Must Include a Specific Diagnosis**

Nonspecific diagnoses, such as individual "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 and documentation of a learning disability, avoiding the use of such terms 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.

### **D. Actual Test Scores from Standardized Instruments Must be Provided, See Appendix A**

Standard scores and/or percentiles must be provided for all normed measures. Grade equivalents must be accompanied with standard scores and/or percentiles. The data must logically reflect a substantial limitation to learning for which the candidate is requesting the accommodation. The particular profile of the candidate's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.

The tests used must 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 disabilities. 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. 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 the provision of a like accommodation.

The diagnostic report must include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The evaluator(s) must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations. If no prior accommodation(s) has been provided, the qualified

professional and/or the candidate 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 an accommodation(s) is not clearly identified in the diagnostic report, further clarification will be sought, and, if necessary, more information.

The director of the Counseling Center will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

#### **IV. An Interpretative 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 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 used in the interpretative summary. A 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 affects the individual in the testing 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 accommodations.

The summary must also include any record of prior accommodation(s) or auxiliary aids, including any information about specific conditions under which the accommodation(s) were used (e.g., standardized testing, final exams, licensing or certification examinations).

#### **V. Confidentiality**

Concordia College Disability Services will adhere to its confidentiality policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or under compulsion of legal process.

## **APPENDIX A**

### **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 is not intended to be definitive or exhaustive.

#### **Aptitude/Cognitive Ability**

- *Wechsler Adult Intelligence Scale - III (WAIS-III)*
- *Woodcock-Johnson-III - Tests of Cognitive Ability*
- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet IV*

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(s) decisions.

#### **Academic Achievement**

- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Test of Academic Skills (TASK)*
- *Woodcock-Johnson-III - Tests of Achievement*
- *Wechsler Individual Achievement Test (WIAT)*

**or specific achievement tests such as:**

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

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are 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 should not be used as the sole measure of achievement.

#### **Information Processing**

Acceptable instruments include, but are not limited to, *Detroit Tests of Learning Aptitude - 3 (DTLA-3)* or *Detroit Tests of Learning Aptitude - Adult (DTLA-A)*. Information from subtests on *WAIS-R* or *Woodcock-Johnson-III - Tests of Cognitive Ability*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

*These guidelines were adapted and used with permission from Educational Testing Service (ETS)*