



## Disability Services Office

### **GENERAL GUIDELINES FOR DISABILITY DOCUMENTATION**

Due to the inconsistent nature of manifestations of various types of disabilities as well as where the disability intersects with personality, it is essential that documentation relating to the impact of disability be provided to the university. Documentation substantiates eligibility for and provides insight into the creation and adjustment of accommodation plans. While Centenary University provides guidelines for documentation of various types of disabilities, it is recognized that these guidelines may not be practical or useful in all cases. Therefore, Centenary University has adopted the Association for Higher Education and Disability's (AHEAD) *Seven Essential Elements of Quality Disability Documentation*.

The dimensions of good documentation discussed below are suggested as a best practices approach for defining complete documentation that both establishes the individual as a person with a disability and provides a rationale for reasonable accommodations. By identifying the essential dimensions of documentation, institutions allow for flexibility in accepting documentation from the full range of theoretical and clinical perspectives.

#### **Seven Essential Elements of Quality Disability Documentation**

##### **1. The credentials of the evaluator(s).**

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

##### **2. A diagnostic statement identifying the disability**

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.



## Disability Services Office

### **Seven Essential Elements of Quality Disability Documentation**

#### **3. A description of the diagnostic methodology used.**

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

#### **4. A description of the current functional limitations**

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

While relatively recent documentation is recommended in most circumstances, common sense and discretion in accepting older documentation of conditions that are permanent or non-varying is recommended. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.



## Disability Services Office

### **Seven Essential Elements of Quality Disability Documentation**

#### **5. A description of the expected progression or stability of the disability**

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

#### **6. A description of current and past accommodations, services and/or medications**

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

#### **7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.**

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the university or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

### **INCOMPLETE DOCUMENTATION:**

If the original documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation(s), Centenary University may use their discretion to require additional documentation. Centenary DSO also reserves the right to grant or deny "provisional accommodations" pending receipt of any incomplete documentation.



## Disability Services Office

### **Guidelines for Documentation of ADD and ADHD**

Students requesting accommodations on the basis of attention deficit disorder (ADD) and attention deficit-hyperactivity disorder (ADHD) must provide documentation by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis and the full range of psychiatric disorders - e.g., licensed clinical psychologist, neurophysiologist, psychiatrist, and other relevantly trained medical doctors.

#### **Suggested Documentation Checklist:**

- **Evidence of early impairment.** The condition must have been exhibited in childhood in more than one setting.
- **Evidence of current impairment.** A history of the individual's presenting attentional symptoms and evidence of current impulsive/hyperactive or inattentive behaviors.
- A comprehensive **Neuropsychological or Psycho-Educational assessments** in order to determine the current impact of the disorder on the individual's ability to function in an academic setting.
- A specific psychological diagnosis as per the Diagnostic and Statistical Manual - IV (DSM- IV). Symptoms of hyperactivity/impulsivity, which were present in childhood, and the current symptoms, which have been present for at least the past six months and, which impair functioning in two or more settings (e.g., school, work, home) must also be identified.
- A clinical summary which: (a) indicates the substantial limitations to major life activities posed by the disability, (b) describes the extent to which these limitations would impact the academic context for which accommodations are being requested.
- Documentation should be no more than two years old.



## Disability Services Office

### **Guidelines for Documentation for Chronic Medical and Other Conditions**

Nonspecific disabling injuries include but are not limited to all chronic health conditions (asthma, diabetes, sickle cell anemia, etc.), orthopedic injuries or impairments (recovery from ankle surgery, broken hand, etc.) or any other condition which substantially limits a student's participation academically.

### **Suggested Documentation Checklist**

- Documentation from Licensed Physician or other licensed medical professional describing the nature of the condition including information pertaining to the history, date of most recent evaluation, any assessments/instruments used to make diagnosis, expected course of treatment, current impact and limitations resulting from condition or treatments, and expected duration, stability, or progression of condition.
- Documentation must be recent in order to assess the current impact on academic functioning. The age of acceptable documentation required is assessed on a case by case basis by the Director of Disability Services.
- Documentation must be comprehensive and establish clear evidence of a significant impact on academic functioning.
- Documentation must be relevant to requested accommodations.



## Disability Services Office

### **Guidelines for Documentation of Learning Disabilities**

The diagnosis of Learning Disabilities is generally the result of extensive evaluation. Because the provision of accommodations is heavily influenced by the outcome of such evaluations, most documentation for consideration should involve a comprehensive psycho-educational evaluation. The following areas should be assessed:

**Aptitude:** The Weschler Adult Intelligence Scale Revised (WAIS-R), or newer, with subtest scores is the preferred instrument. The Woodcock-Johnson Psycho-Educational Battery Revised: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale: Fourth Edition is acceptable. The WISC-R is only acceptable if completed before the candidate's sixteenth birthday and is still within the three-year time frame.

**Achievement:** Assessment of academic ability in the areas of reading, writing, and math is required. Suggested instruments include: Woodcock-Johnson Psycho-Educational Battery Revised (WJ-R): Tests of Achievement; Stanford Test of Academic Skills (TASK), or other specific achievement such as The Test of Written Language-4 (TOWL), Woodcock Reading Mastery Tests Revised, or the Stanford Diagnostic Mathematics Test. The Wide Range Achievement Test is NOT a comprehensive measure of achievement and therefore, is not suitable as a sole measure of achievement. Raw data as well as percentile results should be included.

**Information Processing:** Specific areas of information processing (e.g., short and long-term memory; sequential memory; auditory and visual perception/processing; processing speed) must be assessed. Use of the subtests from the WAIS-R or the Woodcock Johnson Tests of Cognitive Ability is also acceptable.

1. Testing should be current: administered within the past three years or after age eighteen.
2. Testing must be performed by a qualified evaluator: clinical or educational psychologists, learning disabilities specialists, or physicians known to specialize in learning disabilities. Information about their professional credentials, including licensing and certification, and their areas of specialization must be clearly stated in the report.
3. Dates of testing must be included in the report.
4. Testing must include information about the functional limitations of the student. Assessments should indicate how the student's disability may affect his/her current participation in courses, programs, services, or any other activity of the university.



Disability Services Office

**Guidelines for Documentation of Physical Disabilities, Neurological Conditions, or Mobility Impairments**

Students requesting accommodations on the basis of mobility, systemic, or disease-related disabilities must provide documentation.

**Suggested Documentation Checklist**

- An identification of the disabling condition(s).
- An assessment of the functionally limiting manifestations of the condition(s) relevant to academic functioning or participation in any aspect of college life. All assessments must be performed by licensed medical professionals qualified to diagnose and treat the condition.



## Disability Services Office

### **Guidelines for Documentation of Sensory Impairments**

#### **Hearing Impairments and Deafness**

Students requesting accommodations on the basis of impaired hearing or deafness must provide documentation consisting of:

- An audiological evaluation and/or audiogram; **and**
- An interpretation of the functional implications of the diagnostic data.
- All documentation should be current, i.e. within the last three years.

#### **Visual Impairments and Blindness**

Students requesting accommodations on the basis of low vision or blindness must provide documentation consisting of:

- An ocular assessment or evaluation from an ophthalmologist, or a low-vision evaluation of residual visual function, where appropriate; **and**
- An assessment of functional limitations of the diagnostic data.
- All documentation should be current, i.e. within the last three years.

#### **Speech/Language Impairments**

Students requesting accommodations on the basis of a speech/language disability must provide documentation consisting of:

- A clearly written statement of the disability diagnosed by a qualified professional trained in this area (e.g., physician, speech/language pathologist, neurologist, etc.); **and**
- A summary of the various evaluation tools used in determining the specific disability; **and**
- A summary of present symptoms and how these symptoms affect the student's functioning, specifically in relation to the postsecondary environment.
- All documentation should be current, i.e. within the last three years





## Disability Services Office

### **Guidelines for Documentation of Substance Abuse Disorders**

Students requesting accommodations on the basis of a substance abuse disorder must provide the following documentation.

#### **Required Documentation Checklist**

- Verification of completion or current participation in substance/alcohol abuse program that specifies the nature of the addiction, the treatment course, and plans for continued treatment. The documentation should indicate the side effects of any medications.
- Substance abuse documentation from a medical or other licensed professional, such as a psychologist.
- All documentation should be current, i.e. within the last six months



Disability Services Office

**Guidelines for Documentation of Traumatic Brain Injury (TBI)**

Students requesting accommodations on the basis of a traumatic brain injury (TBI) must provide documentation by either a neuropsychologist/neurologist and should include the following:

**Required Documentation Checklist**

- A thorough neuropsychological evaluation which includes assessment of the areas of attention, visual perception/visual reasoning, language, academic skills, memory/learning, executive functioning, sensory, motor, and emotional status.
- Evidence of current impairment. A history of individual's presenting symptoms and evidence of behaviors that significantly impairs functioning.
- A clinical summary which: **(a)** indicates the substantial limitations to major life activities posed by the disability, **(b)** describes the extent to which these limitations would impact the academic context for which accommodations are being requested.
- All evaluations were performed within the last three (3) years



Disability Services Office

**Guidelines for Documentation of Psychiatric Disabilities/ Psychological Disorders**

Psychiatric disability/psychological disorder documentation must include all of the following elements:

**Suggested Documentation Checklist**

- A specific diagnosis should be stated as well as the rationale that was utilized to determine the stated diagnosis. The documentation should not merely refer to symptoms and will preferably correspond to a specific DSM-IV category.
- Documentation should include any counseling, specific therapies, current prescribed medications and any side-effects that would compromise academic functioning.
- Documentation should specify how an individual's psychological disorder impacts upon his or her performance in the academic context.
- Documentation should recommend academic adjustments.
- Documentation should be no more than one-year-old.



## Disability Services Office

### **Guidelines for Documentation of Autism Spectrum Disorder or Pervasive Developmental Disorder**

In order to be considered a valid measure of functioning, all assessments must be provided by a licensed professional qualified to make the evaluation. This can include a developmental pediatrician, developmental medical doctor, or a Neuropsychiatrist/psychologist. Assessment from a general practitioner typically does not suffice.

**Aptitude:** The Weschler Adult Intelligence Scale Revised (WAIS-R) with subtest scores is the preferred instrument. The Woodcock-Johnson Psycho-Educational Battery Revised: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale: Fifth Edition is acceptable.

**Achievement:** Assessment of academic ability in the areas of reading, writing, and math is required. Suggested instruments include: Woodcock-Johnson Psycho-Educational Battery Revised: Tests of Achievement; Stanford Test of Academic Skills (TASK), or other specific achievement such as The Test of Written Language-4 (TOWL), Woodcock Reading Mastery Tests Revised, or the Stanford Diagnostic Mathematics Test. The Wide Range Achievement Test is NOT a comprehensive measure of achievement and therefore, is not suitable as a sole measure of achievement.

**Information Processing:** Specific areas of information processing (e.g., short and long-term memory; sequential memory; auditory and visual perception/processing; processing speed) must be assessed. Use of the subtests from the WAIS-R or the Woodcock Johnson Tests of Cognitive Ability is acceptable.

1. A specific diagnosis resulting from a comprehensive neuropsychological examination. This should not merely refer to symptoms and should correspond to a specific DSM category along with any co-existing/co-morbid conditions, if any. History of presenting symptoms and evidence of impairment in early childhood should be included along with age of onset or date or earliest evaluation.
2. A current evaluation of social/emotional functioning if this information is not contained in neuropsychological evaluation, then by a separate evaluator.
3. All evaluations were performed within the last three years and should include a summary of the evaluations and the results that include Cognitive Assessment, Executive Functioning, Expressive and Receptive Language and Communication, Psychiatric and Behavioral Assessment, and Sensory Motor Integration. A statement including evidence of the significant impact on major life functions and degree to which the disability



Disability Services Office

**Guidelines for Documentation of Autism Spectrum Disorder or Pervasive Developmental Disorder**

impacts the individual in the post-secondary environment should be included with recommended accommodations based on evaluations.