

Documentation Guidelines

Student Disability Services (SDS) requires documentation of your disability in order to fully evaluate your requests for accommodation. Documentation must evaluate the presence of a disability as covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. If there are any questions concerning documentation, please contact SDS. In general, documentation submitted should include the following:

1. A diagnostic statement from a licensed/certified professional including a description of diagnostic methods, the DSM-IV TR diagnosis, if applicable, criteria used and the date of evaluation. The licensed/certified professional can not be a family member.
2. A description of the current relevant functional impact of the disability in an educational setting.
3. A description of the expected change in the functional impact of the condition over time. If the condition is variable, describe the known factors that may exacerbate the condition.
4. A list of treatments, medications, side effects, accommodations/auxiliary aids, and/or services currently in use or recommended.
5. Transfer students are encouraged to provide written verification from their previously attended school regarding accommodations used.

Additional information (Adapted from the Connecticut Association on Higher Education and Disability Revised Documentation Guidelines) is provided below:

Acquired Brain Injuries

Attention Deficit Disorders

Autism Spectrum Disorders

Blind/Low Vision

Deaf/Hearing Impairments

Learning Disabilities

Mobility/Orthopedic Disabilities and Chronic Health Related Conditions

Psychiatric (Emotional/Psychological) Disorders

Acquired Brain Injuries

Students requesting accommodation on the basis of an Acquired Brain Injury (ABI) must provide documentation (in most cases within two years) from a professional who has undergone comprehensive training and has relevant experience in the assessment of ABI in adolescents and/or adults (e.g. neuropsychologists, clinical or educational psychologists). Documentation for students requesting accommodations on the basis of an ABI must include but not be limited to:

1. A neuropsychological evaluation containing assessments of intellectual, conceptual and cognitive competence; academic skills; personality status; motor facility of all extremities; sensory, perceptual and processing efficiency; visual, auditory and tactile facility; speech, language and communication ability; and evaluation of memory and attention.
2. Utilization of particular evaluation techniques are at the discretion of the evaluator. Measures, such as the following, will be expected to appear in the selected battery: Bender-Gestalt, Halstead Reitan Battery (or selected parts), selected parts of the Illinois Test of Psycholinguistic Ability (ITPA) (or other psycholinguistic tests); Detroit Tests of Learning Aptitude - 4 (DTLA-4) or Detroit Tests of Learning Aptitude - Adult (DTLA-A); Luria Nebraska Battery (or selected parts); Peabody Individual Achievement Test (PIAT) (or other adult individual achievement tests); Woodcock Reading Mastery Tests- Revised; Woodcock-Johnson Psychoeducational Battery; and the Spache Written Language Assessment.
3. An interview including 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.
4. An integrated summary that:
 - indicates the substantial limitations to major life activities posed by the specified brain injury,

- describes the extent to which these limitations impact the academic context for which accommodations are being requested,
- suggests how the specific effects of the brain injury may be accommodated, and
- states how the effects of the brain injury are mediated by the recommended accommodations.

Attention Deficit Disorders

Students requesting accommodations on the basis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) 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., psychologists, psychiatrists, neuropsychologists and other relevantly trained medical doctors).

Documentation for students requesting accommodations on the basis of ADHD/ADD must include:

1. Evidence of early impairment. The condition must have been exhibited in childhood in more than one setting.
2. Evidence of current impairment. A history of the individual's presenting attentional symptoms and evidence of current impulsive/hyperactive or inattentive behaviors that significantly impair functioning in an academic setting must be provided.
3. An interview. The interview must contain self-report and third-party information pertaining to: any significant developmental history; family history of ADHD/ADD or other educational, learning, physical or psychological difficulties; relevant medical and medication history; a thorough academic history; and a review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems.
4. Description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention.
5. Evidence of alternative diagnoses or explanations being ruled out. The documentation should investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological and/or personality disorders that may confound the ADHD/ADD diagnosis. For a diagnosis of ADHD/ADD, the symptoms may not occur exclusively during the course of a

Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder, and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

6. A discussion of the neuropsychological or psychoeducational assessments administered to determine the current impact of the disorder on the individual's ability to function in an academic setting. Such data should include standard scores, standard deviations and percentiles reported in table format for those subtests administered.
7. A specific diagnosis as per the Diagnostic and Statistical Manual-IV (DSM-V) of the American Psychiatric Association (2013). 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.
8. An indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
9. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.
10. An integrated summary which:
 - indicates the substantial limitations to major life activities posed by the disability,
 - describes the extent to which these limitations would impact the academic context for which accommodations are being requested,
 - suggests how the specific effects of the disability may be accommodated, and
 - states how the effects of ADHD/ADD are mediated by the recommended accommodations.

Autism Spectrum Disorders

Students requesting accommodation on the basis of Autism Spectrum Disorders (ASD) must provide documentation from an appropriately credentialed professional who has undergone comprehensive training and has experience diagnosing ASDs in children,

adolescents or adults. The preferred form of documentation is in the form of a comprehensive neuropsychological evaluation accompanied by a clinical statement reviewing history and current symptoms. Comprehensive diagnostic evaluations should include, but not be limited to, the following:

1. Thorough medical, family, and developmental history gather by appropriate professional (developmental pediatrician, neurologist, psychiatrist, psychologist, neuropsychologist, etc.)
2. Comprehensive psychological or neuropsychological examination, within the past three years, including a detailed discussion of the individual's current cognitive functioning as it impacts the educational environment.
3. Academic testing – standardized achievement tests, including standard scores; and a review of the academic record.
4. Current level of social/emotional functioning
5. Integrated narrative summary, including impact of symptoms on learning and/or communicating, ability to function in a college setting and executive functioning deficits as relevant to postsecondary education.
6. Clear identification of symptoms as they pertain to Diagnostic and Statistical Manual V TR (DSM-V TR) criteria for all relevant diagnoses.
7. A clinical interview including a description of the presenting problem(s) including any significant developmental, medical, psychosocial and employment; family history; and a discussion of co-morbid diagnoses (if relevant).
8. Prescribed medications, dosages and schedules which may influence the learning environment, including any possible side effects.
9. Supplemental documentation may include evaluations by allied health professionals such as speech/language assessments, occupational therapy records, statements from therapist or other treating professionals.

Blind/Low Vision

Documentation for students requesting accommodations on the basis of low vision or blindness must include:

1. An ocular assessment or evaluation from an ophthalmologist.

2. A low-vision evaluation of residual visual function, when appropriate.
3. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

Deaf/Hearing Impairments

Documentation for students requesting accommodations on the basis of on the basis of being deaf or hard of hearing must include:

1. An audiological evaluation and/or audiogram.
2. An interpretation of the functional implications of the diagnostic data and hearing aid evaluation, when appropriate.
3. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

Learning Disabilities

The requested documentation profile for individuals with specific learning disabilities requires a comprehensive psycho-educational test battery. This assessment includes intelligence/ability testing and educational/achievement testing, along with a full diagnostic report that includes all subtest and standard test scores and the evaluator's narrative.

If you are providing information from school, include the most recent evaluation, Individual Educational Program (IEP), original eligibility evaluation, and any other assessments that include the results of a psycho-educational test battery. A diagnostic report for a learning disability should include:

1. An assessment normed for adults. What this means is that your assessment, ideally, should not be an assessment for children, but tests that are designed for adults, i.e. WAIS rather than WISC.
2. A diagnosis statement identifying the specific type(s) of learning disability(ies) that is supported by test data, and includes a description of functional limitations.
3. A diagnosis made by a qualified professional i.e., licensed school psychologist, licensed psychologist, learning disabilities/educational specialist.

Mobility/Orthopedic Disabilities and Chronic Health Related Conditions

Documentation for students requesting accommodations on the basis of physical mobility, dexterity, or chronic health-related disabilities must include:

1. An identification of the disabling condition(s) from a licensed physician.
2. An assessment of the functionally limiting manifestations of the condition(s) for which accommodations are being requested.
3. Degree and range of functioning for a chronic or progressive condition.
4. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.
5. Suggestions as to how the functionally limiting manifestations of the disabling condition(s) may be accommodated.

Psychiatric (Emotional/Psychological) Disorders

Students requesting accommodations on the basis of a psychiatric disorder must provide current documentation from 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 psychologists, psychiatrists, neurologists, marriage and family therapists, licensed clinical social workers, and other relevantly trained medical doctors). Documentation must be no older than one year.

Documentation for students requesting accommodations on the basis of a psychiatric disability must include:

1. An interview including a description of the presenting problem(s) including any significant developmental, medical, psychosocial and employment; family history; and a discussion of dual diagnosis where indicated.
2. A specific, current psychiatric diagnosis as per the Diagnostic and Statistical Manual-V (DSM- V TR) of the American Psychiatric Association (2013), which indicates the nature, frequency and severity of the symptoms upon which the diagnosis was predicated. A diagnosis without an explicit listing of current

symptoms is not sufficient. Serious Emotional Disturbance (SED) is not an acceptable diagnosis at the postsecondary level.

3. Primary and secondary Axis I and Axis II diagnoses. A measure of functioning using the Global Assessment of Functioning (GAF) Scale in the DSM-V is highly recommended. Using the GAF, indicate the student's general, highest and lowest GAF score and describe behaviorally the student's performance at each GAF level using as much detail as is known.
4. Prescribed medications, dosages and schedules which may influence the types of accommodations provided, including any possible side effects.
5. An indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
6. An integrated summary that:
 - indicates the substantial limitations to major life activities posed by the psychiatric disorder,
 - describes the extent to which these limitations would impact the academic context for which accommodations are being requested,
 - suggests how the specific effects of the psychiatric disorder may be accommodated, and states how the effects of the psychiatric disorder are mediated by the recommended accommodations.