



Documentation Guidelines - Learning Disability

I. Qualifications of the evaluator

Professionals conducting assessments, diagnosing learning disabilities, and making recommendations for appropriate accommodations must be qualified. Comprehensive training and direct experience with adolescent and adult LD populations are essential.

The evaluator's name, title, and professional credentials, 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 specific 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.

It is not acceptable for someone whose training and experience are not in these fields to use diagnostic terminology indicating a learning disability. It is of the 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, dated, 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 or 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.

Flexibility in accepting documentation is important, especially in settings with significant numbers of non-traditional students. Sometimes, documentation may be outdated or inadequate in scope or content.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 update aims 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 more comprehensive assessment battery can include a school plan, such as an individualized education program (IEP) or a 504 plan. In some cases, an IEP or a 504 plan may suffice. Those instances will be handled on a case-by-case basis. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, aptitude assessment, academic achievement, information processing, and a diagnosis.

A. Diagnostic interview

An evaluation report should include a summary of a comprehensive diagnostic interview. Learning disabilities are commonly manifested during childhood but not always formally diagnosed. Relevant information should be investigated regarding the student's academic history and learning processes in elementary, secondary, and postsecondary education. 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 the 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 specific 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 that 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 scores reported.

2. Academic achievement

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for administered subtests. 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 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.

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 interfere 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 "suggests" or "is indicative of."

If the data indicate that a learning disability is absent, 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 included. The data should 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 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 to further develop a clinical hypothesis.

E. Clinical summary

A well-written diagnostic summary based on a comprehensive evaluation process is necessary for the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that the evaluator must integrate 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 and an explanation of why each accommodation is recommended. The evaluators should describe the impact the diagnosed learning disability has on a specific major life activity and the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not identified in a diagnostic report, the disability service provider should seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the institution. When a request for accommodations is denied in a postsecondary institution, a written grievance or appeal procedure should be in place.