

**OFFICE OF DISABILITY SERVICES**  
**LEARNING DISABILITY DOCUMENTATION GUIDELINES**

Students who are requesting support services from the Office of Disability Services at Indiana University Southeast are required to submit documentation indicating that a disability substantially limits some major life activity, such as learning, to verify eligibility under the ADA of 1990. The following guidelines are provided in the interest of ensuring that the documentation is complete and appropriate:

**1. 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. The evaluation must be performed by a professional who is certified or licensed in the area of adults with learning disabilities and trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment.

**2. Testing Must be Current**

Disability Services 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. Therefore, the evaluation must present a current picture of how the student performs. Generally the evaluation should have been completed within the last three years. It is preferred that individuals who are seventeen years of age or older be tested using diagnostic measures normed for adults. For students who have been out of school for a number of years, documentation that is more than three years old will be handled on a case-by-case basis. Disability Services reserves the right to request updated or augmented documentation in order to have a more accurate picture of the current level of functioning.

**3. Documentation Must be Comprehensive**

A comprehensive assessment battery and the resulting diagnostic report must include a diagnostic interview, assessment of aptitude, measure of academic achievement and information processing. 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. 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.** Evidence of a substantial limitation to learning or other major life activity must be provided. A specific learning disability and/or a DSM must also be stated within the documentation submitted.

**4. Diagnostic Interview**

An evaluation report should include the summary of a comprehensive diagnostic interview by a qualified evaluator. It should include a summary and description of the presenting problem(s); developmental history; relevant medical history, including the absence of a medical basis for the present symptoms; academic history; relevant family history; relevant psychosocial 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.

## 5. Assessment Measures

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, should consist of and be based on a **comprehensive assessment battery** which does not rely on any one test or subtest. **Both aptitude and academic achievement must be evaluated and included in the test report.** Average broad cognitive functioning must be demonstrated on an individually administered intelligence test. Quantitative and qualitative information which supports the diagnosis, **including all subscale/subtest scores and their respective percentile and age-based rankings**, should be listed. Objective **evidence of a substantial limitation to learning** must be provided. Each of the following must be provided:

- a) **Aptitude** A complete intellectual assessment with all subtests and standard scores reported is essential: WAIS-III, Stanford-Binet IV, Woodcock-Johnson Psychoeducational Battery: Test of Cognitive Ability. (All test instruments must be normed for adults)
  
- b) **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: Woodcock-Johnson Psychoeducational Battery III: Test of Achievement, Weschler Individual Achievement Test (WIAT), Stanford Test of Academic Skills (TASK), Scholastic Abilities Test for Adults (SATA).

**\*Note:** screening instruments, or abbreviated testing instruments (such as the Nelson-Denny, or Wide Range Achievement Test) do not provide in depth detail, therefore they may not be sufficient to determine eligibility for ODS services.

- c) **Information Processing** Specific cognitive processing strengths, weaknesses and deficits should be discussed: visual spatial abilities, memory, fine motor/dexterity, executive functions ( verbal/nonverbal reasoning), selective attention/perception (auditory/visual), oral language skills.

## **6. Interpretative Summary**

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 diagnostic summary must include:

- a) indication that the evaluator ruled out alternative explanations for academic problems, such as poor education, poor motivation and/or study skills, emotional problems, attention problems, and cultural/language differences
- b) indication of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability
- c) indication of the substantial limitation to learning presented by the learning disability and the degree to which it may affect the individual in a university setting.

**To summarize the above, all documentation must include the following:**

- a) Names of assessment instruments used and dates of testing.
- b) Quantitative and qualitative information which supports the diagnosis (including subtest scores from adult-normed tests).
- c) The areas of educational impact and the severity of the condition.
- d) Previous history of the disability and verification of any previous testing.
- e) Recommendations for prescriptive treatments.
- f) Additional observations or recommendations, which could assist us in adequately serving the student.
- g) The names, titles, addresses, phone numbers, state of license and license number of the evaluator(s).

The aforementioned guidelines are provided so that Disability Services can respond appropriately to the individual needs of the student. Disability Services reserves the right to determine eligibility for services based on the quality of the submitted documentation. Documentation may need to be updated or augmented in order to be reviewed more fully. Students who submit documentation that does not meet the guidelines will be required to send an updated evaluation before being considered for services.

*Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, Disability Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.*

**ALL DOCUMENTATION IS CONFIDENTIAL!**