

# Guidelines for Documentation of a Learning Disability

Developed by the [Association on Higher Education and Disability \(AHEAD\)](#) July 1997

## Introduction

The primary intent of these guidelines is to provide students, professional diagnosticians and service providers with a common understanding and knowledge base of those components of documentation that are necessary to validate a learning disability and the need for accommodation. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting.

The document presents guidelines in four important areas: 1) qualifications of the evaluator, 2) appropriate clinical documentation to substantiate the learning disability, 3) date of evaluation/documentation, and 4) evidence to establish a rationale supporting the need for accommodations.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity. The following guidelines are provided in the interest of assuring that LD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids.

## DOCUMENTATION GUIDELINES

### I. Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult LD population is essential.

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/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. Use of diagnostic terminology indicating a learning disability by someone

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whose training and experience are not in these fields is not acceptable. It is of 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. In some instances, 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 purpose of the update is 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 school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis.

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

An evaluation report should include the summary of a comprehensive diagnostic interview. Learning disabilities are commonly manifested during childhood, but not always formally diagnosed. Relevant information regarding the student's academic history and learning processes in elementary, secondary and postsecondary education should be investigated. 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 primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

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### 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 which does not rely on any one test or subtest.

Evidence of a substantial limitation to learning or other major life activity must be provided. Minimally, the domains to be addressed must include the following:

#### 1. Aptitude

A complete intellectual assessment with all subtests and standard scores reported. The following instruments are recommended and use of other instruments should be justified by the diagnostician:

- Wechsler Adult Intelligence Scale - Third edition (WAIS)
  - In addition to all required subtests, the Letter-Number Sequencing and Symbol Search subtests are strongly recommended
- Wechsler Intelligence Scale for Children - Third edition (WISC)
- Stanford-Binet Intelligence Scale - Fourth edition

#### 2. Academic Achievement

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language. While a combination of assessments may be utilized, the following instruments are recommended and use of other instruments should be justified by the diagnostician:

- Woodcock-Johnson Psychoeducational Battery III - Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Nelson-Denny Reading Test

#### 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

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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. While a combination of assessments may be utilized the following instrument is recommended and use of other instruments should be justified by the diagnostician:

- Woodcock-Johnson Psychoeducational Battery III - Tests of Cognitive Ability
  - In addition to the required standard battery (subtests 1 - 10), the following subtests are strongly recommended:
    - Subtest 12 - Retrieval Fluency
    - Subtest 13 - Picture Recognition
    - Subtest 14 - Auditory Attention
    - Subtest 16 - Decision Speed
    - Subtest 17 - Memory for Words

### 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, attention 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 terms such as "suggests" or "is indicative of."

If the data indicate that a learning disability is not present, 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 also 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 in order to further develop a clinical hypothesis.

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### E. Clinical Summary

A well-written diagnostic summary based on a comprehensive evaluation 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 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, attention 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 as well as an explanation as to why each accommodation is recommended. The evaluators should 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 accommodations are not clearly 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.

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In instances where a request for accommodations is denied in a postsecondary institution, a written grievance or appeal procedure should be in place.

### **V. Confidentiality**

The receiving institution has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.

All documentation submitted to the Office of Student Services is considered confidential. Documentation should be sent to the following address:

Office of Student Services  
1435 N. Glenstone Ave  
Springfield, MO 65802

Documentation may be faxed to (417) 268-1001