



## **Guidelines for Documentation of a Learning Disability**

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 Learning Disabled documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids.

### **Documentation Guidelines**

Documentation must be provided by a qualified licensed professional with additional training and experience in the assessment of leaning problems in adolescents and adults: clinical or educational psychologist, school psychologist, neuropsychologists, learning disabilities specialist, and medical doctors. All reports should be on letterhead, typed, dated, and signed.

### **Documentation**

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation. Existing documentation should not be more than three years old.

### **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 should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and diagnosis.

### **Assessment**

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 that does not rely on any one test or subtest. Evidence of a substantial limitation to teaming or other major life activity must be provided. The domains to be addressed must include the following:

## **Aptitude**

### **Academic Achievement**

A comprehensive academic achievement battery is essential. The battery should include current levels of academic functioning in relevant areas such as (decoding and comprehension), mathematics, and oral and written language.

### **Information Processing**

Specific areas of information processing for example, short and long term memory, auditory and visual perception/processing speed, and motor ability should be addressed.

### **Specific Diagnosis**

Individual learning styles, learning differences, academic problems, and test anxiety or difficulty in and of themselves, do not constitute a learning disability. If the data indicates that a learning disability is not present, the evaluator should state that conclusion in the report.

### **Test Scores**

The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The test findings should document both the nature and severity of the learning disability.

### **Clinical Summary**

A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. The clinical summary should include:

- 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, and cultural language differences.
- Indication of how student's cognitive ability, achievement, and information processing reflect the presence of a learning disability.
- 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.
- Indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

### **Recommendations for Accommodations**

Accommodation needs can change over time and are not always identified through the initial diagnostic process. Also a prior history of accommodation does not, in and of itself, warrant a similar accommodation at present

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in the 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.**

### **A Resource List of Testing Instruments**

The following list is provided as a helpful resource, but is not intended to be definitive or exhaustive.

#### **APTITUDE**

Wechsler Adult Intelligence Scale-revised (WAIS-R)

Woodcock-Johnson Psychoeducational Battery-Revised: Test of Cognitive Ability Stanford-Binet Intelligence Scale (4ed.)

#### **ACADEMIC ACHIEVEMENT**

Scholastic Abilities Test for Adults (SATA)

Stanford Test of Academic Skills

Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement Wechsler Individual Achievement Test (WIAT)

Source: Information was developed from "Guidelines for Documentation of a Learning Disability in Adolescents and Adults", published by the Association on Higher Education and Disability.