

Guidelines for Documenting Cognitive Disabilities

Learning and Communication Disabilities, Attention Deficit Hyperactivity Disorder (AD/HD), and Traumatic Brain Injuries

Students seeking support services from Accessibility Services on the basis of a previously diagnosed cognitive disability [e.g., learning disorder (LD), Attention Deficit Hyperactivity Disorder (AD/HD), Traumatic Brain Injury (TBI)] must submit documentation that verifies their eligibility under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities. Merely submitting evidence of a diagnosis, and/or a discrepancy between ability and achievement on the basis of a single subtest score is not sufficient to warrant academic accommodations.

Similarly, nonspecific diagnoses, such as individual "learning styles," "learning differences," "academic problems," "attention problems," "mood disorders," and "test difficulty/anxiety" in and of themselves do not constitute a disability.

The guidelines below are intended to provide guidance for the assessment process, including the areas that must be assessed in order for Accessibility Services staff to make appropriate decisions. Examples of specific tests that may be used within each area are included on subsequent pages. Please do not hesitate to contact Accessibility Services at (505) 277-3506 if you have any questions.

I. Learning and Communication Disabilities:

A copy of the comprehensive psychoeducational report must be provided to The University of New Mexico, Accessibility Services in order for the student to be eligible for accommodations and/or modifications.

1. There must be clear and specific evidence of a learning disability including the exact DSM-IV-TR diagnosis when appropriate.
2. Testing must be comprehensive. Documentation must validate the need for services based on the individual's current level of functioning in the educational setting. Objective evidence of a substantial limitation in cognition and learning must be provided. The diagnostic report must include specific recommendations for accommodation(s) as well as detailed explanation of why each accommodation is recommended. Minimally, the domains to be addressed must include, but are not limited to:
 - A diagnostic interview - include relevant background information in support of the diagnosis. This may include a self-report of limitations and difficulties, a history of the presenting problem(s), a developmental history, academic history, including summaries of previous evaluation results and reports of classroom behavior and performance, a history of the family's learning difficulties and primary language spoken in the home, any pertinent medical and psychological history, a discussion of possible comorbid conditions.
 - A complete psychoeducational or neuropsychological evaluation - actual test scores must be provided; standard scores are preferred. It is not acceptable to administer only one test or to base the diagnosis on only one of several subtests. Individualized Education Plans (IEPs) or 504 Plans in and of themselves are not sufficient documentation. The assessment instruments used must be reliable, valid, and standardized for diagnosing LD in an adult population. The following areas should be assessed:
 - Aptitude - intellectual assessments;

- Achievement - current levels of academic functioning in relevant areas such as reading, mathematics, oral and written language;
 - 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, motor ability).
3. Testing should be current. Accommodations are based on the current nature and impact of the disability. In general, this means that testing must have been conducted within the last three years for high school students and five years for adults prior to your request for accommodations.
 4. An interpretative summary must be included. A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component. It should include: indication that alternative explanations are ruled out for academic problems, indication of how patterns in cognitive ability, achievement, and information processing are used to determine learning disabilities, indication of the substantial limitation to learning and indication of why specific accommodations are needed.
 5. All reports should be on letterhead, typed, dated, signed, and otherwise legible. The name, title, and professional credentials of the evaluator, including information about license or certification as well as area of specialization, employment, and state in which the individual practices must be clearly stated. Use of diagnostic terminology indicating a specific disability by someone whose training and experience are not in these fields is not acceptable. Evaluators should not be related to the individual being assessed. Diagnoses written on prescription pads and/or parent's notes indicating a disability are not considered appropriate documentation.

II. AD/HD:

While it is recognized that psychological testing alone does not justify an AD/HD diagnosis, such testing is considered an important part of establishing the impact of the disorder on learning and determining appropriate accommodations. It is also essential in determining the presence or absence of other conditions that frequently occur with the disorder, which may be of relevance in the classroom. Comprehensive psychoeducational or neuropsychological evaluations as described above are strongly encouraged and may be required to support specific accommodation requests. At a minimum, all documentation in support of an AD/HD diagnosis should include the following information:

1. The exact DSM-IV-TR diagnosis and information concerning comorbidity.
2. Diagnostic interview from a third party source to include: history of presenting attentional symptoms, developmental history, family history, relevant medical and medication history, relevant psychosocial history, review of prior psychoeducational test reports, description of current functional limitations pertaining to educational setting, and relevant history of prior therapy.
3. Suggested recommendations, modifications and/or accommodations.
4. Testing should be current. Accommodations are based on the current nature and impact of the disability. In general, this means that an evaluation must have been conducted within the last three years.
5. All reports should be on letterhead, typed, dated, signed, and otherwise legible. The name, title, and professional credentials of the evaluator, including information about license and certification as well as area of specialization, employment, and state in which the individual practices must be clearly stated. Use of diagnostic terminology indicating a specific disability by someone whose training and experience are not in these fields is not acceptable. Evaluators should not be related to the individual being assessed. Diagnoses written on prescription pads and or parent's notes indicating a disability are not considered appropriate documentation.