

The University of New Mexico

Division of Student Affairs

Accessibility Services and
Deaf and Hard of Hearing Unit
Mesa Vista Hall 2021
Albuquerque, NM 87131-2101
(505) 277-3506

DOCUMENTATION REQUIREMENTS

Students requesting support services from Accessibility Services are required to submit documentation of a disability to verify eligibility under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and the University of New Mexico Policy 2310. ADA defines a disability as a substantial limitation of a major life function. The diagnostic report must document a disability. It is important to recognize that academic adjustment needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation, without demonstration of current need, does not in and of itself warrant the provision of a like accommodation.

Submission of documentation is not the same as the request for services. Request for services and/or reasonable accommodations *must be initiated by the student* once he/she is admitted to the University of New Mexico (UNM). The student must schedule an intake appointment with Accessibility Services so that support services and reasonable accommodations may be discussed. Documentation will be reviewed by Accessibility Services Documentation Committee prior to the appointment. Reasonable accommodations cannot be implemented until the student's documentation is complete. Accessibility Services is responsible for the determination of reasonable accommodations.

The following examples include test instruments that professionals may use in determining a diagnosis:

Aptitude/Cognitive Ability Tests

- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet, Fourth Edition*
- *Wechsler Adult Intelligence Scale-III (WAIS-III)*
- *Wechsler Intelligence Scale for Children-III (WISC-III)*
- *Woodcock-Johnson-III-Tests of Cognitive Abilities*

Academic Achievement Tests

- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Test of Academic Skills (TASK)*
- *Wechsler Individual Achievement Test-II (WIAT-II)*
- *Woodcock-Johnson-III-Tests of Achievement*

Specific Achievement Tests

- *Nelson-Denny Reading Test*
- *Stanford Diagnostic Mathematics Test*
- *Test of Written Language-3 (TOWL-3)*
- *Woodcock Reading Mastery Tests-Revised*

Neuropsychological Test Batteries:

- *Halstead-Reitan Neuropsychological Test Battery*
- *Luria-Nebraska Neuropsychological Test Battery*
- *NEPSY- A Developmental Neuropsychological Assessment*
- *Cambridge Automated Neuropsychological Test Battery (CANTAB)*
- *Neuropsychological Assessment Battery (NAB)*

Attention and Executive Functioning:

- *Continuous Performance Test*
- *Stroop Interference Test*
- *Wisconsin Card Sorting Test*
- *Delis-Kaplan Executive Functioning Test Battery*
- *Behavioral Assessment of Dysexecutive Syndrome*

Language:

- *Controlled Oral Word Association Test*
- *Boston Naming Test*
- *Rapid Automatized Naming and Rapid Alternating Test*
- *Token Test*

Visual Perception and Visual Construction:

- *Hooper Visual Organization Test*
- *Judgment of Line Orientation*
- *Facial Recognition Test*
- *Cortical vision Test*
- *Rey-Osterrieth Complex Figure*

Memory and Learning:

- *Wechsler Memory Scale III (WMS-III)*
- *California Verbal Learning Test-II*
- *Wide Range Assessment of Memory and Learning (WRAML)*
- *Benton Visual Retention Test*

Motor:

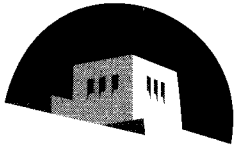
- *Grooved Pegboard*
- *Hand dynamometer*

Rating Scales

- *Beck Anxiety Inventory*
- *Beck Depression Inventory-II*
- *Brief Psychiatric Rating Scale (BPRS)*
- *Burns Anxiety Inventory*
- *Burns Depression Inventory*
- *Children's Depression Inventory*
- *Hamilton Anxiety Rating Scale*
- *Hamilton Depression Rating Scale*
- *Inventory to Diagnose Depression*
- *Multidimensional Anxiety Scale for Children (MASC)*
- *Profile of Mood States (POMS)*
- *State-Trait Anxiety Inventory (STAI)*
- *Taylor Manifest Anxiety Scale*
- *Yale-Brown Obsessive-Compulsive Scale*

Personality Tests

- *Millon Adolescent Personality Inventory (MAPI)*
- *Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)*
- *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)*
- *Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*
- *NEO Personality Inventory-Revised (NEO-PI-R)*
- *Personality Assessment Inventory (PAI)*
- *Sixteen Personality Factor Questionnaire (16PF)*
- *Thematic Apperception Test (TAT)*



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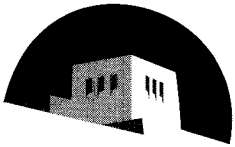
Guidelines for Documenting Cognitive Disabilities

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.

School psychologists, clinical psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, and other qualified medical doctors with experience and expertise in the area related to the student's disability should make the diagnosis. 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.



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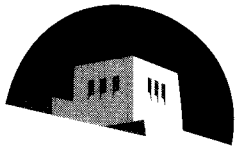
I. Learning and Communication Disabilities:

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), detailed explanation of why each accommodation is recommended, and any history of support or special education services received. 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), Summary of Performance (SOP) 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 age students entering UNM immediately upon graduation and five years for nontraditional students prior to the 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.

6. Diagnoses written on prescription pads and/or parent's notes indicating a disability are not considered appropriate documentation.



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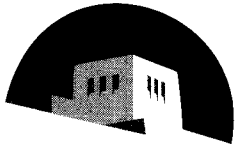
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II. AD/HD:

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. Clinical psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, and other qualified medical doctors with experience and expertise in the area related to the student's disability should make the diagnosis. 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, the evaluation must be 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.
6. Diagnoses written on prescription pads and or parent's notes indicating a disability are not considered appropriate documentation.



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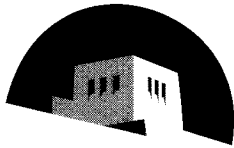
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III. Traumatic/Acquired Brain Injury (TBI)

Students submitting documentation of physical and/or cognitive impairment related to a traumatic brain injury (e.g., head trauma, CVA's, tumors, other medical conditions) must submit evidence of a disabling condition with evidence of functional impairment in major life activities of relevance to the classroom. Neurologists, clinical psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, and other qualified medical doctors with experience and expertise in the area related to the student's disability should make the diagnosis. Such documentation should include:

1. Detailed background information - including information obtained in diagnostic interviews, relevant hospital and/or rehabilitation records, history of premorbid functioning (including prior academic history and developmental history), any pertinent medical and psychological history, and a discussion of dual diagnosis, if present; this includes a history of any coexisting disorders that could affect functioning.
2. A comprehensive neuropsychological evaluation - conducted after the injury, which includes, but is not limited to, the domains described above for learning and communication disorders. Evidence of current impairment, including behaviors that significantly affect functioning, and how these relate to academics should be provided. A discussion of estimated premorbid functioning should also be included.
3. Detailed information regarding residual physical or medical impairments - current treatment regimens, including current medications.
4. A specific diagnosis, as per DSM-IV-TR, ICD 9 or ICD 10.
5. Suggested recommendations, modifications and/or accommodations.
6. In general, this means that testing must have been conducted within the last three years for high school age students entering UNM immediately upon graduation and five years for nontraditional students prior to the request for accommodations.
7. Additional documentation on comorbid physical or medical conditions that may impact accommodation needs.
8. 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.
9. Diagnoses written on prescription pads and or parent's notes indicating a disability are not considered appropriate documentation.



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Guidelines for Documenting a Psychological Disability

Students seeking support services from Accessibility Services on the basis of a previously diagnosed psychiatric disability 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 is not sufficient to warrant academic accommodations.

Similarly, nonspecific diagnoses, such as "adjustment problems," "emotional difficulties," "mood disturbance," and/or "test difficulty/anxiety" in and of themselves do not constitute a disability.

The guidelines below are intended to allow Accessibility Services to determine eligibility for services and appropriate accommodations. Accessibility Services staff are available at (505) 277-3506 for consultation. A comprehensive report of any testing conducted (including test scores, if relevant) should be included. A list of selected test instruments is provided.

1. A formal assessment of your current psychiatric and health status, and a formal diagnosis of a disabling condition must be provided by a licensed treatment provider (e.g., psychologist, neuropsychologist, psychiatrist, neuropsychiatrist, licensed counselor, psychologist, licensed social worker, and psychiatric nurse practitioner).
2. The assessment must be current. Accommodations are based on an assessment of the current nature and impact of your disability. Because psychiatric conditions may change over time, current evaluations are critical for providing reasonable accommodations. In general, this means that evaluations must be within the last twelve (12) months prior to accommodation requests. In addition, depending on the nature of the disability, evaluations may need to be updated on a semester-by-semester or yearly basis.
3. The evaluation must be comprehensive. Evidence of significant limitations in the educational setting (e.g., on learning or social functioning) must be provided. Minimally, the evaluator must include:
 - A diagnostic interview, which includes relevant background in support of that diagnosis. A DSM-IV-TR or ICD-10 code must be provided. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis.
 - The dates of evaluation and/or treatment, in order to establish a history of the condition, duration and severity of the disorder, and relevant developmental, historical, and familial data. The evaluation should include medical and medication history, including the individual's current medication regimen compliance, side effects, response to medication treatments, and description of the expected progression of the disability over time (i.e., permanent/chronic vs. short-term/temporary).
 - A description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance).

- A description of the degree of impact of the diagnosed psychiatric disorder on a specific major life activity, as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations that are pertinent to an academic setting. Psychoeducational, neuropsychological, or behavioral assessments are often necessary to support the need for accommodations.
4. 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.
 5. Diagnoses written on prescription pads and or parent's notes indicating a disability are not considered appropriate documentation.