



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

LEARNING DISABILITIES DOCUMENTATION GUIDELINES

Students requesting accommodations may be required to submit documentation to verify eligibility under the ADA of 1990 and Section 504 of the Federal Rehabilitation Act of 1973. Appropriate documentation of the disability allows the Office of Disability Services (ODS) to determine the student's eligibility for accommodation and the appropriate academic accommodations. **PLEASE NOTE** that students should not delay meeting with ODS out of concern for not having the correct (or any) documentation. If needed, the Coordinator can discuss with the student any specific documentation needs during the Welcome Meeting. **Our priority is on meeting with students and beginning the accommodations process for them as soon as possible.** Provisional accommodations may be provided to allow students time to procure any needed documentation.

The following guidelines are provided in the interest of assuring that the documentation validates the presence of a learning disability, demonstrates an impact of the disability on learning, and supports the request for accommodations and services.

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*

ODS 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. ODS reserves the right to request updated or augmented documentation in order to have a more accurate picture of the current level of functioning.

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9/24/15

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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 may be insufficient documentation in 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 code must also be stated within the documentation submitted.

a. 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.

b. 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, should be listed. Objective evidence of a substantial limitation to learning must be provided. Each of the following must be provided:

- **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.
- **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-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 do not provide in-depth detail and may not be sufficient to determine eligibility for ODS services.

- 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.

4. *Informal Assessment*

Social-emotional assessment is helpful in order to rule out a primary emotional basis for learning difficulties. Social-emotional status should be assessed and discussed. If applicable, a mental health diagnosis should be clearly stated. Colleges need to know differential diagnosis of psychological disorders that impact upon academics from learning disabilities. College is typically quite stressful for students who have learning disabilities. In an attempt to better serve students, it is helpful to know about their personality characteristics, psychological welfare, self-esteem and ability to respond to stress.

Significant specific deficits relative to potential should also be documented. Any assessment results from the following areas should be included: Written Language, Reading, and Math.

5. *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 clinical 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, attentional 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.

6. *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).
- 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) Notation of medications prescribed, if any, and potential impact on learning.
- g) Additional observations or recommendations, which could assist us in adequately serving the student.
- h) The names, titles, addresses, phone numbers, state of license and license number of the evaluator(s).

Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, ODS 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, ODS 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.

The aforementioned guidelines are provided so that ODS can respond appropriately to the individual needs of the student. ODS 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.

ALL DOCUMENTATION IS CONFIDENTIAL