

Disability Support Services
Building 43, Room 109

GUIDELINES FOR DOCUMENTATION OF A SPECIFIC LEARNING DISORDER

Students who are seeking support services or accommodations at Embry-Riddle Aeronautical University on the basis of a diagnosed specific learning disorder are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA).

The following guidelines are provided in the interest of ensuring that evaluation reports are appropriate and sufficient to document disability. The Disability Support Services Director is available to consult with clinicians concerning any of these guidelines.

1. A qualified professional must conduct the evaluation.

Clinicians conducting assessments and rendering a diagnosis of a **Specific Learning Disorder** (with associated symptoms such as those commonly known as *dyslexia*, *dysgraphia*, and/or *dyscalculia*) must have training in differential diagnosis and the full range of neurodevelopmental disorders. The name, title, professional credentials, as well as licensing and certification information should be clearly stated in the evaluation. The following professionals are generally considered to be qualified to evaluate and diagnose a specific learning disorder: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. Use of diagnostic terminology by someone whose training and experience are not in these fields is not acceptable. Any hand-written notes or documents that do not include the clinician's signature and professional letterhead will not be accepted.

2. Documentation should be current.

The provision of services and accommodations is based on the current impact of the disability on academic performance. In most cases, documentation should be completed within the past three years. If documentation is inadequate in scope or content, or does not address an individual's current level of functioning and need for accommodation, reevaluation may be warranted. In cases where a new medication has been prescribed or medication previously taken has been discontinued subsequent to the evaluation, it may be necessary to update the evaluation report.

3. Documentation should be comprehensive.

Because a specific learning disability is, according to the DSM-5, characterized by “persistent difficulties learning keystone academic skills, with onset during the years of formal schooling,” multiple domains should be evaluated. “Key academic skills include reading of single words accurately and fluently, reading comprehension, written expression and spelling, arithmetic calculation, and mathematical reasoning.” Therefore, minimally, domains to be addressed must include, but are not limited to:

- a. Aptitude: The Wechsler Adult Intelligence Scale-Revised (WAIS-R) subtest scaled scores is the preferred instrument. The Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Ability, or the Stanford-Binet Intelligence Scale: Fourth Edition, are acceptable.
- b. Achievement: Current levels of functioning in the areas of reading, mathematics, and written language are required. Acceptable instruments include the Woodcock Johnson Psycho-Educational Battery – Revised; Tests of Achievement; Stanford Test of Academic Skills (TASK); Scholastic Abilities Test for Adults; or specific achievement tests such as the Test of Written Language (TOWL), the Woodcock Reading Mastery Test-Revised, or the Stanford Diagnostic Mathematics Test. The Wide Range Achievement Test-Revised is not a comprehensive measure of achievement and is therefore not suitable.
- c. Information Processing: Specific areas of information processing (e.g. short and long-term memory; sequential memory; auditory and visual perception/processing and processing speed) must be assessed. Use of subtest scaled scores from the WAIS-R or the Woodcock-Johnson Tests of Cognitive Ability is acceptable.

4. Alternative diagnoses or explanations should be ruled out.

The clinician must investigate and determine that the specific learning disorder is not attributable to other causes, such as hearing and vision disorders or neurological or motor disorders.

5. Testing should be relevant.

Neurodevelopmental assessment is important in determining the current impact of the disorder in the academic setting. The clinician should objectively review relevant testing to support the diagnosis. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or subtest scales should not be used as the sole measure for diagnostic profile. Checklists and/or surveys can serve to supplement the diagnostic profile but are not adequate in and of themselves for the diagnosis of a specific learning disorder and do not substitute for clinical observations and sound diagnostic judgment. Data must logically reflect a substantial limitation for learning for which the individual is requesting accommodations. If testing is repeated by a learning/education specialist after the original evaluation to determine current level of functioning, a confirmation from a licensed clinician that the original diagnosis is still relevant may be requested as well.

6. A complete diagnostic report should be provided.

According to the DSM-5, “Specific Learning Disorder is a neurodevelopmental disorder with a biological origin that is the basis for abnormalities at a cognitive level that are associated with the behavioral signs of the disorder.” A diagnostic report should include a review and discussion of the DSM-5 criteria for the specific learning disorder both currently and retrospectively and specify which symptoms are present.

7. Documentation must include a specific diagnosis.

The report must include a clear diagnosis of the specific learning disorder based on the DSM-5 diagnostic criteria. Use of terms such as “suggests”, “is indicative of,” and/or “unique learning style” are not acceptable. Individuals who report only problems with poor spelling or not being good at math or writing do not fit the prescribed diagnostic criteria for a specific learning disorder. A positive response to medication or the use of medication does not in and of itself support or negate the need for accommodations.

8. An interpretive summary should be provided.

An interpretive summary based on a comprehensive evaluative process is a necessary component of the documentation. This summary should include indication and discussion of the substantial limitation to learning presented by the specific learning disorder and the degree to which this affects the individual in a learning environment.

9. Each recommended accommodation should include a rationale.

The diagnostic report should include specific recommendations for accommodations that are realistic and that the university can reasonably provide. A detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation and/or testing. A school plan such as an IEP is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. A prior history of accommodations without clear demonstration of current needs does not warrant the provision of like accommodations. The determination of reasonable accommodations for a disabled student at Embry-Riddle rests with the Disability Support Services Director working in collaboration with the individual with the disability.

Documentation should be sent to: Embry-Riddle Aeronautical University
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