

**WASHINGTON AND LEE UNIVERSITY
GUIDELINES FOR DOCUMENTATION OF COGNITIVE DISABILITIES AND
NEED FOR ACCOMMODATION**

Please provide these guidelines to your diagnosing/treating professional.

Note: These guidelines are applicable to requests for accommodation of a cognitive disability, defined as a disability associated with thinking or conscious mental processes, including but not limited to specific learning disabilities and ADHD.

Introduction

In order to fully evaluate your request for accommodation, W&L will need adequate documentation of your disability and your need for accommodation by virtue of the specific functional limitations of your disability. W&L has developed these guidelines to assist you in working with your diagnosing/treating professional(s) to prepare the documentation needed to support your accommodation request. The designated Dean will maintain all documentation received in a confidential file, separate from your academic record, and will disclose the documentation only in accordance with law or your consent.

Definitions Applicable To All Student Accommodation Requests

- A "disability" is a physical or mental impairment that substantially limits one or more major life activities. Physical or mental impairments include, for example (but are not limited to), blindness and visual impairments, deafness and hearing impairments, mobility impairments, specific learning disabilities, emotional or mental illness, and some chronic illnesses such as asthma or diabetes. An impairment that is episodic or in remission can constitute a disability if it substantially limits an individual in a major life activity when it recurs.

- "Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

- An impairment constitutes a "disability" when it prevents an individual from performing a major life activity that the average person in the general population can perform or when the individual is substantially limited as to the condition, manner or duration he/she can perform a particular major life activity as compared to the average person in the general population.

- A "qualified student with a disability" is a student with a disability who, with or without reasonable accommodations, meets the essential eligibility requirements for receiving services or participating in programs or activities.

- A "reasonable accommodation" is a reasonable modification or adjustment to a class or program or the provision of auxiliary aids/services that allows a qualified student with a disability equal opportunity to participate in university programs and activities.

Guidelines For Documentation Of A Cognitive Disability And Need for Accommodation

In order to verify eligibility for academic accommodation under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, students should provide documentation that their cognitive impairment **currently substantially limits** some major life activity and that they need accommodation by virtue of the specific functional limitations of the cognitive impairment. The following documentation guidelines are provided in the interest of assuring that documentation of cognitive disabilities, including specific learning disabilities (LD) and Attention-Deficit/Hyperactivity Disorder (ADHD), is appropriate to verify eligibility and to support requests for reasonable accommodations. These guidelines apply to both LD and ADHD, as well as other disorders that affect cognitive abilities, except where indicated to relate exclusively to ADHD. W&L reserves the right to request additional documentation as necessary to fully evaluate individual requests for accommodation.

I. A Qualified Professional Must Conduct a Current Evaluation

Professionals conducting assessments and rendering diagnoses of cognitive disabilities must have comprehensive relevant training in differential diagnosis of cognitive disabilities and experience with adults. The following professionals would generally be considered qualified to evaluate and diagnose cognitive disabilities: clinical psychologists, neuropsychologists, and educational psychologists, psychiatrists (ADHD). Because the provision of reasonable accommodations is based on assessment of the **current** functional impact of the student's disability on academic performance, it is in a student's best interest to provide documentation of recent testing. This means that a comprehensive evaluation should have been conducted within the past three years using the adult version of assessment tools. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning, reevaluation and/or additional testing will be required. If the impairment is one that is episodic or has been in remission, the Dean reserves the discretion to require documentation describing the functional impact of the impairment at the time it recurs.

Note: a psychiatric evaluation without the relevant testing is not acceptable.

II. Documentation Must Be Comprehensive

A. Evidence of Impairment: A Diagnostic Interview

The report of assessment should include a comprehensive diagnostic interview that includes relevant background information from a variety of sources to support the diagnosis. The report of assessment should include, but not

necessarily be limited to, all of the following areas as relevant to the disability and the current request for accommodation(s):

- a description of the presenting problem(s);
- an **adequate** history of attentional symptoms, including objective evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time (ADHD);
- a comprehensive developmental history;
- an academic history, including results of prior standardized testing, reports of classroom performance, behavior, notable trends, and prior accommodations and self-accommodations used in secondary and postsecondary school;
- family history as relevant to the impairment;
- psychosocial history;
- relevant medical and medication history, including (but not limited to) the absence of a medical basis for the present symptoms;
- history of relevant prior psycho- or other therapy;
- a discussion of dual diagnoses, alternative or coexisting mood, behavioral, neurological and/or personality disorders, and exploration of possible alternatives that may present similarly to a cognitive disability when, in fact, one is not present.

B. Relevant Testing: Neuropsychological/Psychoeducational Evaluation in Unmitigated State

The neuropsychological or psychoeducational evaluation for the diagnosis of a cognitive disability should provide clear and specific evidence that a cognitive disability does or does not exist. All data must logically reflect the specific substantial limitation to learning or other major life activity for which the student requests accommodation. The test findings must document both the nature and severity of the cognitive impairment(s) involved. All testing and evaluation must have been done in the unmitigated state; in other words, without the use of medication or other measures that mitigate the functional limitations of the student's impairment.

It is not acceptable to administer only one test, nor is it acceptable to base a diagnosis on only one of several subtests. The tests used must be reliable, valid, and standardized for use with an adult population.

Actual test scores must be provided. If grade equivalents are reported, standard scores and/or percentiles must accompany them. In addition to test scores, interpretation of results is required. Test protocol sheets or scores alone are not sufficient.

Domains to be addressed should include the following:

- 1) *Cognitive Ability*

A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the *Wechsler Adult Intelligence Scale - Third Edition (WAIS-III)*. Other acceptable instruments include, but are not limited to, the *Woodcock - Johnson Psychoeducational Battery - III: Tests of Cognitive Ability (Subtests 1-14)*; the *Stanford-Binet Intelligence Scale: Fourth Edition*.

2) *Achievement*

A complete achievement battery, with all subtests and standard scores, must be provided. The battery should include current levels of academic functioning, timed and untimed, in reading (decoding and comprehension), mathematics, and written language. If an accommodation request includes extended time, academic fluency must be documented. Recommended instruments include, but are not limited to, the *Woodcock - Johnson Psychoeducational Battery -III: Tests of Achievement*; the *Nelson - Denny Reading Skills Test*. The *Wide Range Achievement Test - 3(WRAT-3)* is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement. **Note:** if the student is requesting accommodation of a foreign language course requirement, the *Modern Language Aptitude Test* is recommended in addition to a complete achievement battery. For some foreign language course substitution requests, auditory processing assessment is also indicated (see below).

3) *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) must be assessed, including the nature and extent of all processing deficits, in addition to other information provided regarding functional impairment. Acceptable instruments include, but are not limited to, the *Detroit Test of Learning Aptitude - 3(DTLA-3)*. Information from subtests on the *WAIS-III*, or the *Woodcock - Johnson Psychoeducational Battery -III; Tests of Cognitive Ability, Wechsler Memory Scale - III, Luria-Nebraska Neuropsychological Battery, Halstead-Reitan Neuropsychological Battery*, as well as other instruments may be used to address these areas. For students with ADHD, computerized assessment of attentional functioning, (e.g., Continuous Performance Test (CPT)), is strongly encouraged.

4) *Other Assessment Measures*

Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help

support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also very helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful to determine performance across a variety of domains.

C. Identification of DSM-IV-TR Criteria (ADHD)

According to the Diagnostic and Statistical Manual of Mental Disorders: (DSM-IV-TR) (2000), the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. A diagnostic report should include a review and discussion of the DSM-IV-TR criteria for ADHD and specify which symptoms are present from those specified in the criteria. The following diagnostic criteria for ADHD are specified in the DSM-IV-TR (American Psychiatric Association, 2000):

A. Either (1) or (2):

1. six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- a. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b. often has difficulty sustaining attention in tasks or play activities
- c. often does not seem to listen when spoken to directly
- d. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e. often has difficulty organizing tasks and activities
- f. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g. often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, or tools)
- h. is often easily distracted by extraneous stimuli
- i. is often forgetful in daily activities

2. six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- a. often fidgets with hands or feet or squirms in seat
- b. often leaves seat in classroom or in other situations in which remaining seated is expected
- c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d. often has difficulty playing or engaging in leisure activities quietly
- e. is often “on the go” or often acts as if “driven by a motor”
- f. often talks excessively

Impulsivity

- a. often blurts out answers before questions have been completed
- b. often has difficulty awaiting turn
- c. often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school or work, and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

The DSM-IV-TR specifies a code *designation* based on type:

- 314.01 **Attention-Deficit/Hyperactivity Disorder, Combined Type:** if both Criteria A1 and A2 are met for the past 6 months
- 314.00 **Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type:** if Criterion A1 is met but Criterion A2 is not met for the past 6 months
- 314.01 **Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type:** if Criterion A2 is met but Criterion A1 is not met for the past 6 months

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, “In Partial Remission” should be specified.

314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified: This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder.

III. Documentation Must Include a Specific Diagnosis and Demonstrate a Substantial Limitation to a Major Life Activity as Compared to the Average Person in the General Population

The report must include a specific diagnosis of a cognitive disability. For example, “individual learning styles,” “learning differences,” “attention problems,” “foreign language disability” and “test anxiety” are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the candidate’s level of motivation, study skills, and other noncognitive factors. These findings must demonstrate that the candidate’s functional limitations are due to the diagnosed disability(ies). It is important that the diagnostician demonstrate having ruled out alternative explanations for academic problems, such as emotional, medical, or psychological disorders, or motivational or study skill problems that may interfere with learning or another major life activity, but which do not, in and of themselves, constitute a cognitive disability.

IV. Recommended Accommodations with Rationale

The comprehensive report must recommend **specific** accommodations. The diagnostician must include a detailed explanation as to why each recommended accommodation is necessary and must reference specific current functional limitations (determined through test results and clinical observations) that support the need for the accommodation. The report should include any record of prior accommodation and self-accommodation, including information about the specific situation(s) in which the accommodation was used and whether or not it benefited the student. The report should also include a detailed explanation of current treatments, medications, assistive devices or self-accommodations, with an explanation of their effectiveness in accommodating the functional impact of the disability(ies), any significant side effects that may impact functional abilities, and whether/how any such current treatments, medications, assistive devices or self-accommodations bear on the specific accommodations being requested of W&L. An Individualized Education Program can be included as part of a comprehensive report, but is insufficient by itself to establish the rationale for a recommended accommodation.

Note: The fact that your diagnosing/treating professional makes specific accommodation recommendations does not guarantee that the University will find you qualify for any accommodation or the specific accommodation(s) recommended. The University’s obligation is to provide a reasonable accommodation to qualified persons with a disability, not necessarily to provide particular accommodations requested or recommended.