

South Plains College

Guidelines for Documentation of a Disability

All requests for accommodations due to a disability must be accompanied by acceptable documentation. It is the responsibility of the student to provide documentation that establishes the student as an individual with a disability, as defined by law, and supports the appropriateness of any requested accommodations. In order to help students provide acceptable reports, South Plains College has established general guidelines regarding the contents of satisfactory documentation, compiled from the best practices standard from AHEAD.

ALL REPORTS MUST BE TYPED ON LETTERHEAD, DATED AND SIGNED BY THE PROFESSIONAL.

GENERAL GUIDELINES/CRITERIA

1. The credentials of the evaluator(s).

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

2. A current diagnostic statement identifying the disability. (Current is defined as within the past year for a medical condition or after a student's 14th birthday for diagnosis of a Learning Disability).

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

3. A description of the diagnostic methodology used.

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews.

4. A description of the current functional limitations. Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the

individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

5. A description of the expected progression or stability of the disability.

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

6. A description of current and past accommodations, services and/or medications.

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

SPECIFIC DOCUMENTATION CRITERIA:

Additionally, the following guidelines serve as a baseline requirement to provide academic accommodations.

ADD/ADHD

Current diagnosis, as defined by the DSM-IV, and any additional psychological or neurological testing results. If the diagnosis was made before the student's ninth grade year of school or prior to the age of 14, then a letter from the current treating physician will suffice as long as the letter includes the following: (1) A statement of diagnosis and (2) a current method of treatment. The diagnosis should also include a discussion of how the student's symptoms affect learning and academic achievement to the level of a disability.

Learning Disability

Written evaluation including a narrative with history, cognitive evaluation (with all subtest scores), tests of achievement (with a full print-out of age-normed scores) discussion of the findings, a diagnostic conclusion, and recommendations for academic accommodations. Evaluations must have been completed during the student's

ninth grade year of school or later or after the age of 14. If the initial diagnosis or the re-evaluation of the learning disability occurred prior to the student's ninth grade year of high school, or prior to the age of 14, the student can still be granted accommodations if the student demonstrated a continual need for accommodations during their high school career. This would be established through providing copies of either the Admission Review and Dismissal (ARD) Committee reports, or the Section 504 Committee reports that documented the use of specific accommodations throughout high school.

*Please note that often IEP's or ARD paperwork from your high school may not contain the necessary, qualifying information. Please review guidelines carefully.

Medical Disability

Current diagnosis (within the last 6 months) and description of related functional limitations resulting from the disabling condition. (Examples may include: memory, dexterity, chronic pain or fatigue.)

Psychological Disability

DSM-IV diagnosis, summary of evaluation results and any additional psychological and/or neurological testing results. (Examples include: depression, anxiety, PTSD, bipolar disorder, etc.) If the original diagnosis is over two years old, then an updated report from the treating professional must also be included.

Mobility Impairment

Diagnosis and description of related functional limitations resulting from the disabling condition.

Visual Impairment

Most recent visual examination results, along with a detailed diagnosis and description of the disability, and recommendations for academic accommodations.

Hearing Impairment

Most recent audiology report and audiogram, a clear diagnosis, functional limitations, and recommendations for academic accommodations. Students may provide a certificate of deafness waiver from the state of Texas, and out-of-state students can provide similar documentation from their home state. Other acceptable documentation could include providing copies of either the Admission Review and Dismissal (ARD) Committee reports or the Section 504 Committee reports that documented the use of specific accommodations throughout high school.

**Allow at least two weeks for documentation to be reviewed for accommodation purposes.*