



Documentation Guidelines for Students with Disabilities

The Access and Inclusion Office (A&I) is responsible for providing students with disabilities equal access to education. For A&I to fully evaluate requests for accommodations or auxiliary aids under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, students must provide adequate documentation to A&I.

The general guidelines listed below assist prospective students in working with the treating/diagnosing professional(s) to prepare the information needed to evaluate the request. If, after reading these guidelines, there are any questions, students can contact A&I for further assistance.

HEALTH CONDITION, MOBILITY, HEARING, SPEECH, OR VISUAL IMPAIRMENT

A letter or report from treating physician, orthopedic specialist, audiologist, speech pathologist, or ophthalmologist (as appropriate), including:

1. Clearly stated diagnosis
2. Defined levels of functioning and any limitations
3. Current treatment and medication
4. Current letter/report (within 1 year) dated and signed
5. Suggest accommodations/modifications to equalize this student's educational opportunities at the post-secondary level

PSYCHOLOGICAL DISORDER

A comprehensive report from a mental health professional (psychologist, neuropsychologist, licensed professional counselor, and licensed clinical social worker) including:

1. Clearly stated diagnosis (DSM-5 criteria)
2. Defined levels of functioning and any limitations
3. Supporting documentation (test data, history, observations, etc.)
4. Current treatment and medication
5. Current letter/report (within 1 year), dated and signed with licensure number
6. Suggest recommendations for accommodations and the rationale for such accommodation

TRAUMATIC BRAIN INJURY

A comprehensive evaluation report by a rehabilitation counselor, speech-language pathologist, orthopedic specialist, and/or neuropsychologist (or other specialist as appropriate), including:

1. Assessment of cognitive abilities, including processing speed and memory
2. Analysis of educational achievement skills and limitations (reading, writing, spelling, etc.)
3. Defined levels of functioning and limitations in all affected areas (communication, vision, hearing, mobility, psychological, seizures, etc.)
4. Current treatment and medication
5. Current letter/report (post-rehabilitation and within 1 year), dated and signed
6. Suggest recommendations for accommodations and the rationale for such accommodations

LEARNING DISABILITIES

A comprehensive evaluation report from a clinical psychologist, psychiatrist, neuropsychologist, school psychologist, learning disability specialist, or diagnostician, including:

1. Clear statement of presenting problem; diagnostic interview
2. Educational history documenting the impact of the learning disability
3. Alternative explanations and diagnoses are ruled out
4. Relevant test data with standard scores are provided to support conclusion, including at least:
 - a. WAIS-R
 - b. Woodcock-Johnson Psychoeducational Battery-Revised including Written Language
 - c. Woodcock-Johnson cognitive Processing Battery to substantiate any processing issues
5. Clearly stated diagnosis of a learning disability based upon DSM-5 criteria (IEP, 504 Plan, and /or letter from physician **will not be sufficient to document a learning disability.**)
6. Defined levels of functioning and any limitations, supported by evaluation data
7. Current report (**within 3 years of enrollment date**), dated and signed
8. The report must include specific recommendations for academic accommodations and the rationale for those recommendations.

ATTENTION DEFICIT DISORDERS/ ATTENTION DEFICIT HYPERACTIVITY DISORDER

A comprehensive evaluation report from a physician, psychiatrist, clinical psychologist, neurologist, or neuropsychologist, including:

1. Clear statement of presenting problem, diagnostic interview
2. Evidence of early and current impairment in at least two different environments (comprehensive history)
3. Alternative explanations and diagnoses are ruled out
4. Relevant test data with standard scores are provided to support conclusions, including at least:
 - a. WAIS-R
 - b. Woodcock-Johnson Psychoeducational Battery- Revised, including Written Language
 - c. Behavioral Assessment Instruments for ADD/ADHD normed on adults
5. Clearly stated diagnosis of ADD or ADHD based upon DSM-5 criteria (High School IEP, 504 Plan, and/or letter from physician or other professional **will not be sufficient to document ADD or ADHD.** Medication cannot be used to imply a diagnosis.)
6. Defined levels of functioning and any limitations, supported by evaluation data
7. Current report (**within 3 years of enrollment date**) dated/signed
8. The report must include specific recommendations for academic accommodations and the rationale for those recommendations.

The following documents are not considered acceptable forms of documentation if submitted alone:

1. Handwritten patient records or notes from patient charts.
2. Diagnoses on prescription pads.
3. Self-evaluation found on the internet or in any print publication.
4. Research articles.
5. VA Disability Rating Sheet
6. Correspondence from a healthcare provider not on official letter head.