

## **Guidelines for Documentation of a Specific Learning Disability, Attention Deficit Disorder and/or a Psychiatric Disability**

Students who are seeking support services from Lawrence Memorial/Regis College (LM/RC) on the basis of a diagnosed specific learning disability, attention deficit disorder, and/or psychiatric disability are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the ADA of 1990.

The following guidelines are provided in the interest of assuring that evaluation reports are appropriate to document eligibility. The Director, Student and Alumni Services is available to consult with diagnosticians regarding any of these guidelines.

1. A qualified professional must conduct the evaluation. The professional conducting the evaluation should be qualified to evaluate and diagnose the specific diagnosis under question. They should have direct experience in working with adolescents and adults. This would include the following professions: psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors and learning disability specialists in the case of diagnosis of a specific learning disability. The name, title and professional credentials of the evaluator should be included. All reports should be on letterhead, typed, dated, signed and otherwise eligible.
2. The documentation must be current. The documentation must include the current impact of the disability on academic performance. Documentation time frames will vary according to type of diagnosis. The following are guidelines: within three (3) years for the diagnosis of an attention deficit disorder; within three (3) years for a high school student; and in the case of adults, within five (5) years for the diagnosis of a specific learning disability, and update to original diagnosis within six (6) months for a psychiatric disability.
3. Documentation should be based on a comprehensive diagnostic/clinical evaluation to include review of historical information, diagnostic interview, and appropriate psychological assessments. The documentation necessary to support the diagnosis must be comprehensive. The diagnostic report should include:
  - specific diagnosis (or multiple diagnoses) with DSM identified.
  - a description of current functional limitations in the academic environment as well as other settings
  - an interpretative summary of how clinical interview AND testing was used to determine a diagnosis and to indicate how a substantial limitation to learning is imposed by the disability
  - specific request for accommodations with accompanying rationale
  - (relevant information regarding medication and treatment, if applicable)

4. Relevant tests must be given. Standard scores and/or percentiles must be provided for all Normed measures. Grade equivalents must be accompanied by standard scores and/or percentiles. The tests must be reliable, valid, and standardized for use with an adolescent/adult population. The test findings must document both the nature and severity of the disability. (Please see Appendix for listing of appropriate tests). The domains to be addressed should include:

- Aptitude/Cognitive Ability
- Academic Achievement
- Information Processing
- Rating Scales (Attention Deficit Disorder and Psychiatric Disability)
- Personality Tests (Psychiatric Disability)

All documentation is confidential and should be submitted to:

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Revised: August 2009

## Appendix A

### Testing for Assessing Adolescents and Adults

The following list is provided as a helpful resource, but is not limited to be definitive or exhaustive.

#### Aptitude/Cognitive Ability

*Wechsler Adult Intelligence Scale 3<sup>rd</sup> Edition (WAIS-III)*

*Woodcock-Johnson Psychoeducational Battery: Tests of Cognitive Ability (Revised or 3<sup>rd</sup> Ed.)*

*Kaufman Adolescent and Adult Intelligence Test*

*Sanford-Binet Intelligence Scale (4<sup>th</sup> Ed.)*

(Note: The *Slosson Intelligence Test – Revised* and the *Kaufman Brief Intelligence Test* are primarily screening devices, which are not comprehensive enough to provide the kinds of information necessary to make accommodation(s) decisions.)

#### Academic Achievement

*Scholastic Abilities Test for Adults (SATA)*

*Stanford Test of Academic Skills (TASK)*

*Woodcock-Johnson Psychoeducational Battery: Tests of Achievement (Revised or 3<sup>rd</sup> Ed.)*

*Wechsler Individual Achievement Test (2<sup>nd</sup> Ed.)*

or specific achievement tests such as

*Nelson-Denny Reading Skills Test*

*Stanford Diagnostic Mathematics Test*

*Test of Written Language – 3 (TOWL-3)*

*Woodcock Reading Mastery Tests – Revised*

#### Information Processing

*Detroit Tests of Learning Aptitude – 3 (DTLA-3)*

*Detroit Tests of Learning Aptitude – Adult (DTLA-A)*

Information from subtests on the WAIS-III or *Woodcock-Johnson Psychoeducational Battery (Revised or 3<sup>rd</sup> Ed.)*: *Tests of Cognitive Ability*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

#### Rating Scales (for assessment of an attention deficit disorder)

Rating scales may be useful in conjunction with other data.

*Wender Utah Rating Scale*

*Brown Attention-Activation Disorder Scale*

*Beck Anxiety Inventory*

*Hamilton Depression Rating Scale*

*Conners Teacher Rating Scale (age 3 – 17 years)*

*Conners Parent Rating Scale (age 3 – 17 years)*

#### Rating Scales (for assessment of a psychiatric disability)

Rating scales may be useful in conjunction with other data

*Beck Anxiety Inventory*

*Beck Depression Inventory – II*

*Brief Psychiatric Rating Scale (BPRS)*

*Burns Anxiety Inventory*

*Burns Depression Inventory*

*Children’s Depression Inventory*

*Hamilton Anxiety Rating Scale*  
*Inventory to Diagnose Depression*  
*Multidimensional Anxiety Scale for Children (MASC)*  
*Profile of Mood States (POMS)*  
*State-Trait Anxiety Inventory (STAI)*  
*Symptom Checklist-90 – Revised*  
*Taylor Manifest Anxiety Scale*  
*Yale-Brown Obsessive-Compulsive Scale*

Personality Tests (for assessment of a psychiatric disability)

Acceptable instruments may include, but are not limited to:

*Millon Adolescent Personality Inventory (MAPI)*  
*Millon Clinical Multiaxial Personality Inventory – III (MCMI-III)*  
*Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)*  
*Minnesota Multiphasic Personality Inventory – 2 (MMPI-2)*  
*NEO Personality Inventory – Revised (NEO-PI-R)*  
*Personality Assessment Inventory (PAI)*  
*Sixteen Personality Factor Questionnaire (16PF)*  
*Thematic Apperception Test (TAT)*