

REQUIRED DOCUMENTATION FOR DISABILITY ACCOMMODATIONS

Policy

This document specifies disability documentation requirements that will qualify Moore College of Art and Design students for reasonable and appropriate accommodations through the Disability Committee. Students who believe they have a current and essential need for disability accommodations are responsible for requesting accommodations and providing qualifying documentation to the Disability Committee. The Disability Committee will make every effort to accommodate qualified students with disabilities.

Documentation of a disability or a learning difference must come from a licensed professional in the field appropriate to the disability. As a general rule, a note from a general practitioner may not be adequate. The physician's documentation must include: a diagnosis, a description of how the disability or learning difference interferes with one or more major life activities, a description of functional limitations specific to the academic setting, dates of assessment, signatures, titles, and license/certification numbers of the diagnosing professionals. Because reasonable accommodations and services are based upon assessment of the current impact of the student's disability, it is necessary to provide *recent* and appropriate documentation. In most cases, this means that a diagnostic evaluation must have been completed within the past 3 years for ADD/ADHD, and 5 years for all other disabilities. Documentation that exceeds the time limit may be considered if the previous assessment is applicable to the current or anticipated setting.

Diagnoses of disabilities that do not contain the required information may not be used for determining eligibility for academic accommodations. The Disability Committee reserves the right to request reassessment when questions arise regarding previous assessment or previous service provision.

Physical Disabilities—Required Documentation

The Disability Committee will accept current diagnoses of physical disabilities that are based on appropriate diagnostic evaluations administered by trained and qualified (i.e., certified and/or licensed) professionals (e.g., medical doctors, ophthalmologists, psychologists, neuropsychologists, audiologists). Disability diagnosis categories include:

1. orthopedic disability (certified by an MD, DC or DO with specialization in orthopedic problems)
2. blind or visual impairment (certified by an ophthalmologist or licensed optometrist)
3. deaf or hard-of-hearing (certified by an audiologist and/or speech/language pathologist)
4. acquired brain injury (certified by a Board Certified Neurologist and/or a neuropsychologist), and
5. other health-related/systemic disabilities.

The diagnostic report must include:

1. Clear disability diagnosis, including a clinical history that establishes the age of the student at the initial date of diagnosis, last contact with the student, and any secondary conditions that might be present.
2. procedures used to diagnose the disability
3. description of any medical and/or behavioral symptoms associated with the disability
4. discussion of medications, dosage, frequency, and any adverse side effects attributable to their use
5. clear statement specifying functional manifestations (i.e. substantial limitations to one or more major life activities and degree of severity) due to the disability and/or medications for which the student may require accommodations, and
6. recommendations for accommodations, including rationale. If the accommodation recommendations are specific to limitations in learning (e.g., reading, mathematics, written expression), an appropriate psychoeducational or neuropsychological evaluation must be administered to document ability/achievement discrepancies.

Specific Learning Disabilities—Required Documentation

The Disability Committee will accept diagnoses of specific learning disabilities that are based on comprehensive, age-appropriate psychoeducational evaluations that are no more than five years old. The assessment must be administered by a trained and qualified (i.e., certified and/or licensed) professional (e.g., psychologist, school psychologist, neuropsychologist, educational diagnostician) who has had direct experience with adolescents and adults with learning disabilities.

An appropriate psychoeducational evaluation must include comprehensive measures in each of the following areas:

1. **Aptitude:** the evaluation must contain a complete intellectual assessment with all subtests and standard scores reported from one or more of the following tests:
 - a. Wechsler Adult Intelligence Scale—III
 - b. Wechsler Intelligence Scale for Children—III or IV
 - c. Woodcock-Johnson—III—Tests of Cognitive Abilities
 - d. Stanford-Binet: Fourth or Fifth Edition
2. **Academic achievement:** The evaluation must contain a comprehensive achievement battery with all subtests standard and grade equivalency scores reported. The test battery should include present levels of functioning in all relevant areas including basic reading skills (decoding), reading comprehension, mathematics reasoning, math calculation, spelling, written expression, listening comprehension and oral expression from one or more of the following tests:
 - a. Wechsler Individual Achievement Test—II (WIAT—II)

b. Woodcock-Johnson—III—Tests of Achievement

Note: Screening tools such as the Wide Range Achievement Test–3 (WRAT–3) and the Nelson-Denny Reading Test are not considered comprehensive measures of achievement and must be accompanied by a comprehensive measure, such as one of those listed above. All instruments selected to measure present levels of achievement must be age- appropriate.

3. **Information processing:** The evaluation should assess specific information processing areas such as short-and long-term memory, sequential memory, auditory and visual perception/ processing, processing speed, executive function, and motor ability from one or more of the following tests:
 - a. Subtests of the WAIS–III/WISC-III/WISC-IV
 - b. Subtests on the Woodcock-Johnson—III—Tests of Cognitive Abilities
 - c. Wechsler Memory Scale–III (WMS–III)
 - d. Halstead-Reitan Neuropsychological Battery
 - e. Nationally Standardized Continuous Performance Test such as the TOVA

Diagnostic Report

The diagnostic report must include the following information:

1. diagnostic interview that addresses relevant historical information including age at initial diagnosis, past and current academic achievement, instructional foundation in area of diagnosis, past performance in areas of difficulty, and history and effectiveness of accommodations used in past educational settings
2. list of all instruments used in the test battery
3. discussion of test behavior and specific test results
4. DSM IV diagnosis (include all five axes), and
5. diagnostic summary statement with the following information:
 - a. clear statement that a learning disability does or does not exist, including a rule-out of alternative explanations for the learning problems. Terms such as “appears,” “suggests,” or “probable” in the diagnostic summary statement do not support a conclusive diagnosis
 - b. clear statement specifying the substantial limitations to one or more major life activities
 - c. psychometric summary of scores, and
 - d. recommendations for accommodations, including rationale.

Diagnoses of specific learning disabilities that do not contain psychoeducational measures may not be used for determining eligibility for academic accommodations. For example, school plans such as Individualized Education Plans (IEPs) or 504 Plans are not adequate documentation; however, they can be included with the required evaluation report. The Disability Committee reserves the right to request reassessment when questions regarding previous assessment or previous service provision arise.

Attention Deficit Hyperactivity Disorder (ADHD)—Required Documentation

The Disability Committee will accept current (no more than three years old) diagnoses of attention deficit hyperactivity disorder (ADHD) that are based on age-appropriate (upon entrance to Moore College of Art and Design) diagnostic evaluations administered by trained and qualified (i.e., certified or licensed) professionals (e.g., psychiatrists, psychologists, or neuropsychologists).

Note: Reports that are not accompanied by a comprehensive psychoeducational evaluation will need to be updated annually.

The diagnostic report must include:

1. diagnostic interview addressing relevant historical information including: age at initial diagnosis; past and current academic achievement; specific statement of the functional manifestations (i.e., substantive limitations to one or more major life activities and degree of severity); evidence of behaviors that significantly impair functioning in two or more settings; discussion of medication; history and effectiveness of accommodations in past education settings; and, if no history of accommodations exists, rationale as to why they are essential at this time
2. procedures used to diagnose the disability (include a list of all instruments used in the assessment)
3. discussion of the testing results and behavior, including the symptoms that meet the criteria diagnosis. If the student was evaluated while on medication, please indicate the effect this may have had on performance
4. DSM-IV diagnosis (include all five axes), and
5. diagnostic summary statement that includes the following information:
 - a. clear statement that ADHD does or does not exist, including a rule-out of alternative explanations for behaviors. Terms such as “appears,” “suggests,” or “has problems with” in the diagnostic summary statement do not support a conclusive diagnosis
 - b. clear statement specifying the substantial limitations to one or more major life activities and the degree of severity. If the limitations are in learning (e.g., reading, mathematics, and written expression), an appropriate psychoeducational evaluation must be administered to document ability/achievement discrepancies
 - c. recommendation regarding medications, and
 - d. recommendations for accommodations, including rationale.

Psychiatric Disabilities—Required Documentation

The Disability Committee will accept current (no more than one year old) diagnoses of psychiatric disabilities that are based on comprehensive and appropriate diagnostic evaluations completed by trained and qualified (i.e., licensed or certified) professionals (e.g., psychologists, psychiatrists, neuropsychologists, school psychologists).

The diagnostic report must include the following:

1. clinical interview, relevant historical information, age at initial diagnosis, duration and severity of the disorder, discussion of medications, review of past and current academic achievement, and history of disability accommodations and their effectiveness
2. procedures used to diagnose the disability (include a list of all instruments used in the assessment and test scores as applicable)
3. discussion of the assessment results
4. DSM-IV diagnosis (include all five axes), and
5. diagnostic summary statement that includes the following:
 - a. clear statement that a disability does or does not exist. Terms such as “appears,” “probable,” and “suggests” in the diagnostic summary statement do not support a conclusive diagnosis
 - b. clear statement specifying the substantial limitations to one or more major life activities. If the limitations are in learning (e.g., reading, mathematics, and written expression), an appropriate psychoeducational evaluation must be administered to document ability/achievement discrepancies.
 - c. discussion of medications and their impact on academic functioning (e.g., concentration, attention, sedation)
 - d. recommendations for essential accommodations relative to the diagnosed disability, including rationale, and
 - e. duration for which these accommodations should be provided based on the current assessment.

Note: Due to the changing nature of psychiatric disabilities, an updated narrative specifying diagnosis, medication, and current functional limitations is required annually.

Confidentiality and Definitions

The Disability Committee will maintain the confidentiality of these diagnostic reports to the extent permitted by law.

Major life activity:

Walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and similar activities

Reasonable and appropriate accommodation:

Change or modification that enables a student with a disability to enjoy equal opportunity and/or access to College facilities, programs, and activities, provided fundamental alteration would not result from the modification.

Reasonable accommodation is required for students with known disabilities. Moore College of Art and Design is not required to provide “best” or “most desired” accommodations but rather a reasonable accommodation sufficient to meet accessibility needs.