

GUIDELINES FOR DOCUMENTATION OF A LEARNING DISABILITY

The following guidelines are in accordance with documentation guidelines set forth by the Association on Higher Education and Disability (AHEAD), July 1997¹. Parts of the text below come directly from these AHEAD guidelines; those sections are italicized. In addition to assuring fair and equitable treatment of students at Grinnell, fulfillment of these guidelines will assure that students are more likely to have the documentation necessary to qualify for accommodations on standardized graduation school entrance examinations.

Please direct inquiries to the Grinnell College Academic Advising Office, 641-269-3702.

I. Qualifications of the Evaluator

The College expects diagnosticians to have both training and experience with an adolescent and adult LD population, and to understand the rigors of undergraduate work at a highly selective institution. *The following professionals will generally be considered qualified to evaluate specific learning disabilities provided they have additional training and experience in the assessment of learning problems in adolescents and adults:*

- *Clinical or educational psychologists*
- *School psychologists*
- *Neuropsychologists*
- *Learning disabilities specialists*
- *Medical doctors*

Every written diagnostic evaluation should:

- 1) Be written on letterhead, typed, dated, and signed;
- 2) Include the *name, title and professional credentials of the evaluator, including information about license or certification, area of specialization, employment, and state/province in which the individual practices.*

II. Documentation

The student must provide recent and appropriate documentation relevant to Grinnell's academic setting. If the documentation does not address the student's current level of functioning or need for accommodation, an update of a previous assessment may be appropriate. Typically, documentation dated during a student's high school years (for a traditionally-aged student) is sufficient.

Please note that most graduate school admission tests require that documentation must be current within five years (three years for ADHD).

¹ "Guidelines for Documentation of a Learning Disability in Adolescents and Adults, July 1997," Association on Higher Education and Disability (AHEAD), Columbus, Ohio. <http://www.ahead.org/ldguide.htm>

III. Substantiation of the Learning Disability

Because documentation must validate the need for continuing services at a student's current level of functioning, an individualized education program (IEP) or 504 plan is not sufficient, but may be included as part of more comprehensive documentation. Comprehensive documentation should include the following:

A. Diagnostic Interview

The interview summary should include relevant information about *the student's academic history and learning processes in elementary, secondary, and any postsecondary education*. That may include a *description of the presenting problem(s); developmental, medical, psychosocial and employment histories, family history (including primary language of the home and the student's current level of English fluency); and any dual diagnoses*.

B. Assessment

Assessment must be based on a comprehensive battery of tests, rather than a single instrument. *Evidence of a substantial limitation to learning or other major life activity must be provided*. A list of commonly used tests is included in the appendix. Areas to be tested should include:

1. *Aptitude - A complete intellectual assessment with all subtests and standard scores reported.*
2. *Academic Achievement - A comprehensive achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.*
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 and motor ability) should be assessed. Other formal assessment measures may be integrated with other instruments to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorders.*

C. Specific Diagnosis

Individual "learning styles," "learning differences," "academic problems" and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important to rule out alternative explanations for problems in learning such as emotional, attentional or motivational problems that may be interfering with learning but do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of."

If the data indicate that a learning disability is not present, the evaluator should state that conclusion in the report.

D. Test Scores

Standard scores and/or percentiles should be provided for all normed measures. The tests used should be

reliable, valid and standardized for use with an adolescent/adult population. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. It is important for the evaluator to indicate both the nature and the severity of the disability.

E. Clinical Summary

A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. This summary should include:

- 1) demonstration of the evaluator having ruled out alternative explanations for academic problems;*
- 2) indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability;*
- 3) indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and*
- 4) indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.*

Also include any record of prior accommodation or auxiliary aids and the contexts in which they were used.

IV. Recommendations for Accommodations

Evaluators should describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic evaluation should include specific recommendations and rationale for accommodations for students in this highly selective academic setting. Additional recommendations that may help the student but are not specifically tied to accommodations (learning strategies, time management, etc.) are also useful.

The College expects that diagnosticians will review the assessment findings and written evaluation with the student and will submit all such information to the College only with the student's informed and written consent.

APPENDIX -- Tests for Assessing Adolescents and Adults

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important. The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

Aptitude

- Wechsler Adult Intelligence Scale - Revised (WAIS-R)
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet Intelligence Scale (4th ed.)

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 decisions.

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

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

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

Information Processing

Acceptable instruments include the Detroit Tests of Learning Aptitude - 3 (DTLA-3), the Detroit Tests of Learning Aptitude - Adult (DTLA-A), information from subtests on WAIS-R, Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, as well as other relevant instruments.