

Caltech Accessibility Services for Students

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## **Documentation Guidelines for Learning Disabilities**

Documentation from students with a Learning Disability attending Caltech must demonstrate the current functional impact of the disability on one or more major life activities (e.g., reading, learning, concentrating, thinking, working etc.) and provide current evidence to support the requested academic or other disability related accommodations.

Please bring these quidelines to the professional preparing your documentation.

## **Professional Who Can Provide Documentation**

- Professionals providing documentation must have comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification. A clinical or educational psychologist or other qualified professional should make the diagnosis. The individual must have experience with adolescent and adult learning disabled populations.
- Documentation from a family member or someone with a personal relationship with the student (although they may be qualified by training and licensure) is not acceptable because of professional and ethical considerations.

If there is a question about the choice of the professional to provide the documentation, students should contact a CASS staff member.

## Recency of Documentation and Age-Appropriateness of Testing

- The determination of accommodations is based on the nature of a student's impairment and any resulting limitations in the academic setting. Although some diagnoses do not fluctuate over time, the impact may change. Documentation must address the student's *current* level of functioning.
- In general, the evaluation must be conducted within the **last five (5) years**, prior to a request for accommodations.
- Testing must be age appropriate; the battery of tests administered must be standardized for use with an adult population.

## **Contents of Documentation**

Documentation must be based on a comprehensive psychoeducational evaluation and clinical interview and include a narrative discussion of the following elements:

- 1) Written in English, typed on official letterhead with the title and credentials of the professional writing the report, dated, and signed;
- 2) Detailed background information:
  - o a description of the presenting problem(s);
  - o developmental history;
  - relevant medical history;
  - pertinent history of medication and current use which may impact the student's learning;
  - educational history including results of previous testing, academic performance and prior use of accommodations;
  - relevant family history, including primary language spoken;
  - o psychosocial history; and
  - o a discussion of any dual diagnoses or co-morbid conditions;
- 3) Description and list of standardized tests with all standard scores and/or percentiles provided for all normed measures;
- 4) Description of clinical observations of the student during the test administration;
- 5) Domains to be evaluated include:

<u>Intellectual Ability</u> (complete cognitive assessment with all subtest and index scores reported, including an evaluation of executive functioning;

<u>Information Processing</u> (visual and auditory perception processing and processing speed, short and long term memory (storage and retrieval), motor skills, etc.); and

<u>Academic Achievement</u> (current levels of functioning in reading sub-skills (e.g., decoding, word analysis, fluency and rate), reading comprehension, oral language and written expression, and mathematics (calculation, problem solving and reasoning);

6) Other data may include *Individualized Educational Plan (IEP) or 504 Plans;* although these are helpful in providing historical evidence of service they are not by themselves adequate documentation. Non-standard measures and informal evaluation instruments may also be useful in determining performance across a variety of domains.

- 7) Clinical/interpretive summary integrating history, testing results, behavioral observations during assessment along with the following:
  - statement ruling out alternative explanations for problems in learning, such emotional problems, attentional problems, poor motivation and/or study skills, or cultural/language differences that may be interfering with learning but that do not constitute a learning disability;
  - o indication of how patterns in intellectual ability, achievement, and information processing are used to determine the diagnosis of a learning disability;
  - current functional limitations in learning or other major life activities and probable impact of learning disability in a university setting;
  - specific, conclusive diagnosis; there must be clear evidence of a learning disability, including the DSM-IV-TR diagnosis when appropriate. Diagnoses should not rely exclusively on any one test or subtest;
  - o rationale for recommended accommodation(s) that is logically related to functional limitation(s), based on evidence from the assessment and clinical observations; why it is needed and how will it reduce the impact of the current functional limitations.
- 8) Caltech reserves the right to request new or additional information when necessary to determine eligibility and/or accommodations. Documentation is evaluated on an individualized, case-by-case basis.