

Disability Documentation Standards and Eligibility for Accommodations

Learning Support Services for Students with Disabilities (LSS)

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Notice of Nondiscrimination Policy

It is the policy of Pacific University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act Amendment Act of 2008, or any other classification protected under state or federal law, or city ordinance. Questions or complaints may be directed to the Vice President of Academic Affairs or Provost, 2043 College Way, Forest Grove, Oregon 97116, 503-352-2215.

Use of the Disability Documentation Standards contrary to Pacific University's Nondiscrimination Policy is prohibited.

The Disability Documentation Standards are the criteria that Pacific University considers when reviewing a students' documentation of a disability in the course of determining reasonable and appropriate accommodations for the student. Pacific University's standards are adapted from recommendations from the Association for Higher Education and Disability (AHEAD) and the Oregon Association for Higher Education and Disability (ORAHEAD).

(AHEAD best practices: Disability documentation in higher education. (n.d.). Waltham, MA: AHEAD. Retrieved July 14, 2006 from <http://www.ahead.org/resources/bestpracticesdoc.htm>)

ADA refers to the Americans with Disabilities Act Amendment Act of 2008 (28 C.F.R. 36).

Section 504 refers to Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. 104).

Section 504 and ADA define a disability as "a physical or mental impairment which substantially limits one or more major life activities."

Standard 1: Documentation is made by an evaluator who has the professional credentials requisite to assess and diagnose the student's condition. The following criteria shall be considered:

- a. Documentation includes the names, titles, and professional credentials of the evaluators, including their degrees, areas of specialization and practice, and license or certification where applicable.
- b. Evaluators hold an advanced degree in a field related to the student's condition. Advanced degrees include Ph.D., M.D., Psy.D., Ed.D., M.S., M.A., and M.Ed.
- c. Evaluators' areas of practice or specialization are matched to the student's condition. Examples of this criteria include:
 - An orthopedic condition is described by a medical physician.
 - A psychiatric condition is diagnosed by a psychiatrist or clinical psychologist.
 - Dyslexia may be diagnosed by either a cognitive psychologist or optometrist, provided either has the requisite training and assessment experience.
 - ADHD/ADD is not typically conclusively diagnosed by a medical physician without further psychological and cognitive assessment using appropriate psychoeducational testing.
- d. Where applicable, evaluators hold the requisite licensing and certification from their respective state licensing agency or other governing board, for example: state-licensed psychologists, state-licensed counselors, vocational rehabilitation division diagnosticians, board-certified physicians and other board-certified health care providers. Where required by the evaluator's profession, evaluators are licensed or certified to use the assessment instruments in the documentation.
- e. Evaluators have professional experience and training working with adolescent and/or adult populations.
- f. The evaluators are not involved in a close, personal relationship with the student, such as being a member of the student's family.
- g. Documentation is typed on letterhead, dated, and signed by the evaluators. Documentation contains the evaluators' addresses and contact information.
- h. Documentation is written in English or accompanied by an English translation made by a qualified translator who is not involved in a close, personal relationship with the student, such as being a member of the student's family.

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Standard 2: Documentation includes a clear, specific diagnosis of a disability. The following criteria shall be considered:

- a. Physical disabilities include a description of the specific medical condition which causes the impairment.
- b. Psychological, psychiatric, mental, or specific learning disabilities include a DSM-IV diagnosis on all five axes.
- c. When a standard diagnostic coding such as DSM-IV is absent, a full clinical description conveys an impairment that meets the legal definition of disability.
- d. Terms in diagnostic statements such as “suggests,” “appears,” “probable,” “is indicative of,” or “has problems with,” in and of themselves, do not support conclusive diagnoses— particularly in reports of psychiatric, psychological, and learning disabilities.
- e. Individual “learning differences,” “learning styles,” and “academic problems,” in and of themselves, do not constitute a conclusive diagnosis of a learning disability.
- f. A school plan, such as an Individualized Educational Plan (IEP) or 504 Plan, in and of itself, may not be sufficient to determine a student’s disability status and/or reasonable and appropriate accommodations.

Standard 3: Documentation includes a description of the diagnostic methodology or assessments. The following criteria shall be considered:

- a. Diagnostic methods are currently accepted, professional practices in the evaluator’s field.
- b. Diagnostic methods are matched to the student’s particular disability.
- c. Diagnostic reports use and contain information from a sufficient variety of sources. Examples of sources of diagnostic data include: clinical history that establishes the date or age of the student at initial onset or diagnosis; medical examinations, tests, or neuropsychological assessments; academic history; personal interviews or self-report; and, clinical or anecdotal performance observations that may relate to the student’s motivation, study skills, or other factors.
- d. Testing instruments and/or neuropsychological assessments are based on adult norms and are currently widely accepted within the evaluator’s profession as valid and reliable for the diagnosis of a disability.
- e. Diagnostic methods for a specific learning disability include:
 - I. Diagnostic report includes subtest and standard scores for a battery of neuropsychological tests that includes at least one comprehensive test each for intellectual aptitude, academic achievement, and information processing, i.e., three measures.
 - Examples of tests considered sufficient to measure intellectual aptitude include: Wechsler Adult Intelligence Scale - III (WAIS-III); Woodcock-Johnson III - Tests of Cognitive Abilities; Stanford-Binet Intelligence Scales, 4th or 5th ed. (SB4 or SB5); and, Kaufman Adolescent and Adult Intelligence Test. Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - Examples of tests considered sufficient to measure academic achievement include: Woodcock-Johnson III - Tests of Achievement; Wechsler Individual Achievement Test - II (WIAT-II); and, Scholastic Abilities Test for Adults (SATA). Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - Examples of tests considered sufficient to measure information processing include: subtests of the WAIS-III; subtests of the Woodcock-Johnson III - Tests of Cognitive Abilities; and, Detroit Tests of Learning Aptitude - Adult. Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - The Wechsler Intelligence Scale for Children (WISC-III) is only appropriate when administered before the age of 16 and within the last three years. This may initially qualify a student for accommodations but require reassessment for accommodations for licensing or graduate entrance exams, professional or graduate school, or transferring schools.
 - The Wide Range Achievement Test - III (WRAT-III) is not considered, in and of itself, a comprehensive measure of achievement.
 - I. Operational guidelines are used to verify the learning disability. Broad intellectual aptitude falls within the average range or higher on a test of intellectual aptitude. Environmental deprivation, educational deprivation, and auditory and visual deficits are ruled out as causal factors when academic achievement is significantly low. One or more of the following occurs:

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- A significant difference, e.g., 1.5 standard deviations or more, exists between the full scale score on a test of intellectual aptitude and the standard score in one or more areas on a test of academic achievement. When a.
 - significant difference does not exist, the evaluator(s) present a logical argument for the diagnosis of a learning disability and the need for accommodation
- A wide discrepancy or scatter of scores exists intertest or intratest between different ability groups, seen as
 - areas of strengths and deficits.
- The student was unable to complete a neuropsychological test battery due to sequencing problems, slow speed, lack of task comprehension, or similar problems.

Tests are not used in isolation to assess the student's performance and abilities. Rather, a variety of methods and information are considered. See criterion 3.c for more information. Examples of other factors that may demonstrate the nature and extent of an individual's learning disability include:

- The student had a learning disability diagnosed in elementary or secondary school.
- The evaluator observes raised anxiety level, distractibility, excessive time to finish tests, and uncommon errors on written assessments.
- A parent or sibling has a diagnosed learning disability.
- Medical or physical conditions that have been shown to correlate highly with learning disabilities are present, such as: birth trauma or complications, illness, high fever, concussions, seizures, unconsciousness, etc.
- Case history documents delayed or abnormal development of speech, language, motor, or social skills.
- Case history documents other childhood conditions that may contribute to a learning disability, such as: childhood hyperactivity and medications, physical abuse, or substance abuse.

Standard 4: Documentation includes a description of the student's current functional limitations. A description is necessary to determine what accommodations are appropriate and reasonable. The following criteria shall be considered:

In general, documentation is considered current if it is less than three years old. Older documentation may be accepted for conditions that are widely considered as permanent and non-varying. Conversely, conditions that are subject to significant change due to individual growth and development may require more recent, updated assessments for LSS to have an accurate picture for determining appropriate accommodations.

Documentation describes the "substantial limit" that the diagnosed disability puts on a major life activity, which ADA and Section 504 define as "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."

The nature and severity of the functional limitations described is supported by data from the diagnostic report. See criterion 3.c for more information

Standard 5: Documentation includes a description of the expected progression or stability of the disability. The following criteria shall be considered:

Standard 6: Documentation includes a description of current and past auxiliary aids, personal assistive devices, medications, support services, and/or accommodations. The following criteria shall be considered:

Possible side effects from medications that impose additional limitations and require accommodation are discussed.

Standard 7: Documentation includes recommendations for accommodations. The evaluator(s) and their recommendations, in and of themselves, do not automatically qualify a student for accommodations. Rather, barring the intervention of a grievance process or legal action, LSS determines what are reasonable and appropriate accommodations given the student's functional limitations and the non-essential requirements imposed by the instruction the student wishes and is otherwise qualified to pursue.