



OFFICE OF  
ACCESSIBILITY & DISABILITY SERVICES  
STEVENSON UNIVERSITY

To receive accommodations, a student must first register with the Office of Accessibility & Disability Services (ADS) which includes submitting current documentation that states **the student's disability, details the current functional impact of that disability, and explains the need for each accommodation recommended.** Current documentation is dependent upon the student's condition and the nature of the student's request for accommodations; disabilities that are sporadic or change over time may require more frequent evaluations. Neither a diagnostic statement alone nor a school plan, such as an Individualized Educational Program (IEP) or 504 Plan, is sufficient documentation. While an IEP or 504 Plan may be helpful in establishing a history of accommodations and/or establishing a disability, it may not be sufficient documentation to determine a student's current functional limitations in a university setting. Additionally, documentation may not be provided by a relative of the student.

Documentation required by the University may vary according to the type of disability. The Director of the Office of Accessibility & Disability Services reserves the right to determine eligibility for services based on the submitted documentation. Further, the University reserves the right to request additional documentation in order to consider any accommodation request. All documentation is kept strictly confidential, as required by law. **Documentation must be typed on the provider's official letterhead and include a date and provider's signature.** Before any accommodation may be considered, ADS must have complete documentation on file for a student. Complete documentation must include all aspects of the following:

1. **The credentials of the evaluator(s), including name, title and license number.**
2. **A diagnostic statement identifying the disability.**
3. **A description of the diagnostic methodology used.**
4. **A description of the current functional limitations.**
5. **A description of the expected progression or stability of the disability. Documentation should also note the status of the individual's impairment (static or progressive).**
6. **A description of current and past accommodations, services, and/or medications.**
7. **Recommendations for accommodations based on current functional limitations.**

#### **Guidelines for Documentation of Psychological Disorders**

Students with psychological/psychiatric disorders requesting access to accommodations and/or services must furnish documentation that meets the eligibility criteria set forth by the ADA and Section 504 guidelines. This entails submitting a report, typed on letterhead, noting the findings of a current (6-12 months old depending on the fluid or static state of diagnosed disability) comprehensive clinical assessment of the condition completed by a qualified, licensed professional that must include:

- **Symptoms:** Description of symptoms, history of onset with severity and duration, a definitive diagnosis using DSM-V terminology, and statement of prognosis.

- **Impact:** An indication of the substantive impact of the disability on the student's functioning associated with student performance and across other university settings such as with work completion, concentration, class attendance, social interactions, self-care, etc.
- **Medication:** Medication management plan, including side effects, and/or other treatment issues further compromising student functioning such as sleep problems, impaired memory or judgment.
- **Recommendations:** Recommendations regarding accommodations or services considered appropriate to meet your needs linked to the assessment of functional limitations that provides a clear rationale and justification for those accommodations.

### **Guidelines for Documentation of Neurocognitive Disorders (Learning Disability, ADHD, ASD, TBI, etc.)**

Students with Learning Disorders, ADHD, Autism Spectrum Disorder, etc. requesting access to accommodations and/or services must furnish documentation that meets the criteria set forth by the ADA and Section 504 guidelines. A current psycho-educational assessment completed by a qualified professional is required to validate your eligibility for support. While an IEP or 504 Plan may be helpful in establishing a history of accommodations and allowing staff to review what accommodations have been used and/or recommended in the past, it may not be sufficient documentation to determine current functional limitations in a university setting. Because of this, we require a full neuropsychological or psychoeducational evaluation for students requesting accommodations due to a neurocognitive disability. Documentation provided should fall within the last five years (for learning disabilities, attention deficit/hyperactivity disorder, autism spectrum disorder, or intellectual disability; within 12 months for TBI). The documentation report for the diagnosis of neurocognitive disorder must include the following components:

#### **1. Diagnostic Interview**

Relevant information regarding the student's academic history and learning processes in elementary, secondary and post-secondary education should be investigated. The diagnostic interview should include: a description of the problem(s) being presented; developmental, medical, psychological histories; family history; and a discussion of dual diagnosis where indicated.

#### **2. Assessment**

The diagnosis of a learning disorder should be based on a comprehensive review that does not rely on any one test or subtest. Evidence of a substantial limitation to learning must be apparent. The domains to be addressed must include:

- *Aptitude:* a complete intellectual assessment with the Wechsler Adult Intelligence Scale or equivalent standardized tool.
- *Academic Achievement:* a comprehensive battery to record current levels of academic functioning and fluency in relevant areas such as reading (decoding and comprehension), mathematics (calculation and applications), and oral and written language.
- *Information Processing:* areas to be assessed include short and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability.

#### **3. Test Scores**

Standard scores and percentiles should be provided for all measures. The tests should be deemed reliable and valid for use with an adolescent/adult population.

#### 4. **Specific Diagnoses**

The diagnostician must use direct language in the diagnosis of a learning disorder, using DSM terminology where appropriate.

#### 5. **Clinical Summary**

A well-written diagnostic summary is a necessary component of the documentation report. It must include:

- An interpretation of the test findings to indicate how the pattern of scores reflects the presence of a learning disorder.
- The evaluator having ruled out alternative explanations for any academic problems noted.
- An assessment of the substantial limitation to learning presented by the learning disorder and the degree to which it impacts upon the individual's performance in an academic setting.
- Recommendations for specific accommodations with a clear justification linked to those academic needs identified as associated with the disorder.

### **Guidelines for Documentation of Chronic Health and Physical Impairments**

Students with chronic health and/or physical impairments requesting access to accommodations must furnish documentation that meets the criteria set forth by the ADA and Section 504 guidelines. This entails submitting a report, typed on letterhead, noting the findings of a recent (usually within one year of date of accommodation request\*) comprehensive medical assessment of your condition completed by a qualified, licensed provider. This must include:

- **Symptoms:** A description of symptoms, history of onset with severity and duration, and a definitive diagnosis.
- **Impact:** An indication of the impact of the disability on the student's functioning associated with student performance and across other typed with class attendance, work completion, self-care, residence.
- **Medication:** medication management, including side effects, and/or other treatment issues that might further compromise student functioning such as impaired memory, concentration, or mobility.
- **Recommendations:** Recommendations regarding specific accommodations or services linked to the assessment of functional limitations and needs that provide a clear rationale and justification for those accommodations.

\* (**Note:** This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)