

## Documentation Guidelines

**Texas Tech University Health Sciences Center Student Disability Services uses the AHEAD (Association on Higher Education and Disability) Standards and Best Practices for requiring documentation of a disability. AHEAD's Guidance on Documentation Practices: *Because the provision of accommodations and services is based upon assessment of the current impact of the condition(s) on academic performance and access to educational activities, it is in an individual's best interest to provide recent and appropriate documentation. Furthermore, using diagnostic information as a tool in reviewing requests for accommodation is different than using it for treatment.***

Documentation provided by a student is the indicator of needs and provides background of the specific student's diagnosis. While the initial intake meeting and interview helps identify a student's needs and eligibility in terms of basic academic accommodations, documentation is particularly valuable in the establishment of more extensive accommodations.

It is the student's responsibility to initiate contact with the Office of Student Disability Services to provide appropriate documentation of the disability and related functional limitations for which they are requesting accommodations. This process follows guidelines of the Americans with Disabilities Act (ADA), the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973, and is designed to ensure reasonable, appropriate accommodations are provided to qualified students in a timely manner. Diagnosis of a disorder/condition/syndrome in and of itself does not automatically qualify an individual for accommodations.

The following documentation guidelines, in conjunction with information gathered from the student, serve as a baseline for establishing reasonable accommodations. These standards are preferred by Student Disability Services in order to make the optimal decision on reasonable accommodations.

- A clear diagnostic statement that describes how the condition was diagnosed, information about the functional impact or limitation of condition, level of severity, and length of existence provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated.
- All documentation should be on official letterhead, typed, and signed by the professional. It should include the provider's contact information and license number. Diagnosis written on prescription pads, handwritten, or stamped signature are not generally accepted. ARD minutes and IEPs may be part of the student's history, but not typically stand-alone documentation.
- Suggestions or appropriate recommendations of reasonable accommodations (such as note taker, extended testing time, sign language interpreter, etc.) are necessary for equal access in the academic environment. (Note: This does not ensure specific accommodations will be provided.)
- Common sense and discretion will be used in accepting older documentation of conditions that are permanent or non-varying.

In order to meet the criteria of a person with a disability under federal law, a person must provide documentation of how their impairment substantially limits one or more life activities. Requests for any and all accommodations will be reviewed on a case-by-case basis with approval being based on two factors: 1) Was the accommodation requested appropriate? 2) Is it reasonable? The SDS staff should be able to review the documentation and answer this question: "How does this condition impact the student's ability to meet the demands of their academic program or clinical requirement?" Accommodations are designed to allow the student to meet the same essential elements of their selected program that are required of all students, with or without a disability.

## **ADD/ADHD**

Current DSM/ICD diagnosis and any additional psychological or neurological testing results. If the individual diagnosis was made prior to the age of 14, then a letter from the current treating physician will suffice as long as the letter includes the following: 1) A statement of diagnosis and 2) a current method of treatment. The diagnosis should also include a discussion of how the student's symptoms affect learning and academic achievement to the level of a disability. Specific recommendations for classroom accommodations should be included as well.

## **Learning Disability**

Written evaluation including a narrative with history, cognitive evaluation (with all subtest scores), tests of achievement (with a full print-out of age normed scores), discussion of the findings, a diagnostic conclusion, and recommendations for academic accommodations. Evaluations must have been completed by the age of 14 or later. If the initial diagnosis or re-evaluation of the learning disability occurred prior to the age of 14, the student may still be granted accommodations if the student demonstrated a continual need for accommodations during their high school career, established through other documentation detailing the use of specific accommodations throughout high school. These accommodations would typically include note taking assistance, reduced distraction testing locations, and extended time to complete timed exams.

## **Hearing Impairment**

Most recent audiology report and audiogram, a clear diagnosis, functional limitations, and recommendations for academic accommodations. Students may provide a certificate of deafness waiver from the state of Texas, and out-of-state students can provide similar documentation from their home state. Other acceptable documentation could include providing copies of either Admission Review and Dismissal (ARD) Committee reports or the Section 504 Committee reports that documented the use of specific accommodations throughout high school. These accommodations would typically be services such as note taking assistance, sign language interpreters, FM System/assistive listening devices, or RCART.

## **Mobility Impairment**

Diagnosis and description of related functional limitations resulting from the disabling condition.

## **Brain Injury**

Diagnosis, summary of evaluation and any neuropsychological testing results, including discussion of functional limitations.

## **Developmental Disability**

Diagnosis, functional limitations, cognitive testing, and appropriate evaluations. Examples include: Asperger's Syndrome, Autism Spectrum Disorder, Borderline Cognitive Abilities, Fetal Alcohol Syndrome and Mental Retardation.

## **Medical (Chronic Illness) Disability**

Current ICD diagnosis (within the last 6 months) and description of related functional limitations resulting from the disabling condition. Examples may include: memory, dexterity, chronic pain or fatigue.

## **Psychological Disability**

DSM/ICD diagnosis, summary of evaluation results and any additional psychological and/or neurological testing results. Examples include: depression, anxiety, PTSD, bipolar disorder, etc. If the original diagnosis is over two years old, an updated report from the treating professional must also be included.

## **Visual Impairment**

Most recent visual examination results, along with a detailed diagnosis and description of the disability, and recommendations for academic accommodations.