Documentation Guidelines:

In order to more effectively determine eligibility for services and to create an optimal plan for the individual, the College has established documentation guidelines. **However, no student should delay requesting accommodations out of concern for not having the appropriate paperwork.** All documentation will be reviewed case-by-case. It is the student's responsibility to provide documentation to the office of Student Disability Services and to request accommodations by completing a **Request for Academic Accommodations**. There are several avenues for providing documentation.

- You may present the guidelines below to your doctor, psychologist, or another appropriate professional to ensure the documentation will be as complete as possible. Appropriate documentation is defined as that which meets the following criteria.

Health Condition, Mobility, Hearing, Speech, or Visual Impairment:

A letter or report from treating physician, orthopedic specialist, audiologist, speech pathologist, or ophthalmologist (as appropriate), including:

- Clearly stated diagnosis
- Defined levels of functioning and any limitations
- Current treatment and medication
- Current letter/report (within 1 year), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

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Psychological Disorder:

A letter or report from a mental health professional such as a psychologist, neuropsychologist, licensed professional counselor, or licensed independent clinic social worker [LICSW] including:

- Clearly stated diagnosis based upon DSM-V-TR criteria
- Defined levels of functioning and any limitations
- Supporting documentation (i.e. test data, history, observation, etc.)
- Current treatment and medication
- Current letter/report (within 1 year), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

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Traumatic Brain Injury (TBI):

A comprehensive evaluation report by a rehabilitation counselor, speech-language pathologist, orthopedic specialist, and/or neuropsychologist (or another specialist as appropriate), including:

- Assessment of cognitive abilities, including processing speed and memory
- Analysis of educational achievement skills and limitations (reading comprehension, written language, spelling, and mathematical abilities)
- Defined levels of functioning and any limitations in all affected areas (communication, vision, hearing, mobility, psychological, seizures, etc.)
- Current treatment and medication
- Current letter/report (post-rehabilitation and within 1 year), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

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Learning Disabilities:

A comprehensive evaluation report from a clinical psychologist, psychiatrist, neuropsychologist, learning disability specialist, or diagnostician, including:

- A clear statement of presenting problem; diagnostic interview
- An educational history of documenting the impact of the learning disability
- Alternative explanations and diagnoses are ruled out
- Relevant test data with standard scores are provided to support conclusions
- Clearly stated diagnosis of a learning disability based upon DSM-V-TR criteria
- Defined levels of functioning and any limitations, supported by evaluation criteria data
- Current report (within 3 years of enrollment date), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

Note: High School IEP, 504 Plan, and/or a letter from a physician or other professional are typically not sufficient to document a learning disability.

Attention Deficit Hyperactivity Disorder (ADHD):

A comprehensive evaluation report from a physician, psychiatrist, clinical psychologist, neurologist, or neuropsychologist, including:

- A clear statement of presenting problem; diagnostic interview
- Evidence of early and current impairment in at least two different environments (comprehensive history)
- Alternative explanations and diagnoses are ruled out

- Relevant test data with standard scores are provided to support conclusions, including at least WAIS-R, Woodcock-Johnson Psychoeducational Battery-Revised, including Written Language, and Behavioral Assessment Instruments for ADHD on adults.
- Clearly stated diagnoses of ADHD based upon DSM-V-TR criteria
- Defined levels of functioning and any limitations, supported by evaluation data
- Current report (within 3 years of enrollment date), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

Note: High School IEP, 504 Plan, and/or letter from a physician or other professional are typically not sufficient to document ADHD. Medication cannot be used to imply a diagnosis.

Autism Spectrum Disorder (ASD):

A comprehensive evaluation report from a physician, psychiatrist, clinical psychologist, neurologist, or neuropsychologist, including:

- A clear statement of presenting problem; diagnostic interview
- Evidence of current impairment
- Relevant test data with standard scores are provided to support conclusions, such as: Autism Diagnostic Observation Schedule – Second Edition (ADOS-2), Gilliam Autism Rating Scale – Third Edition (GARS-3), Autism Diagnostic Interview-Revised (ADI-R), Childhood Autism Rating Scale (CARS)
- Clearly stated diagnoses of ASD based upon DSM-V-TR criteria
- Defined levels of functioning and any limitations, supported by evaluation data
- Current report (within 3 years of enrollment date), dated and signed
- Specific recommendations for accommodations and the rationale for each accommodation within the context of the College environment

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***Note:** High School IEP, 504 Plan, and/or insufficient letter from a physician or other professional may not be sufficient to document a disability. The office of Student Disability Services will make determination as to whether more documentation is needed. Medication cannot be used to imply a diagnosis.*