

**MEREDITH**  
COLLEGE  
**Disability Services**

## **Documentation Guidelines**

Students requesting services from Meredith College are required to submit documentation to determine eligibility in accordance with Section 504 of the rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. The following guidelines are provided in the interest of assuring that documentation is complete and accurate. The Disability Services staff reserves the right to determine eligibility and appropriate services based on the quality, recency, and completeness of the documentation submitted. All documentation is confidential and will be maintained by Disability Services in the Counseling Center.

### **Attention Deficit/Hyperactivity Disorder (AD/HD)**

1. Documentation must be on letterhead and include a medical or clinical diagnosis of AD/HD based on DSM-IV criteria and a rationale for the diagnosis.

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**ALTERNATE FORMATS AVAILABLE UPON REQUEST**

***COUNSELING CENTER***

*3800 Hillsborough Street • Raleigh, North Carolina 27607-5298 • Telephone (919) 760-8427, Fax (919) 760-2383*

2. A qualified professional, such as a licensed clinical psychologist or psychiatrist, who has expertise in diagnosing AD/HD and evaluating the impact of AD/HD on academic performance must perform the evaluation. A diagnosis of AD/HD by someone whose training is not in these fields is not acceptable. All reports must include the evaluator's name, title, professional credentials and signature.

3. The documentation should include the following:

- Quantitative and/or qualitative information that supports the diagnosis;
- Summary and interpretation of assessment instruments (formal assessment instruments and/or clinical interview);
- Information regarding the specific academic functions affected by and the severity of the disability (e.g., ability to sustain attention, distraction index);
- Recommendations for and compliance to prescriptive treatment, including medication;

- Recommendations for academic accommodations based on specific features/symptoms of disability; and
- Investigation/evaluation of dual and/or confounding diagnosis (e.g., mood, behavioral, neurological, learning, personality disorders).

4. Documentation must reflect the current (within the past three years) array of symptoms/features and level of functioning; if the documentation does not, students may be required to submit updated information and/or documentation.

5. Neither a 504 plan nor an individualized educational plan (IEP) constitute sufficient documentation but may be submitted along with a clinical evaluation.

## **Learning Disabilities**

1. A psycho-educational or neuropsychological evaluation that provides a diagnosis of a

specific learning disability must be submitted. A statement indicating the current status and impact of the learning disability in an academic setting should be included. If another diagnosis is applicable (e.g., AD/HD, mood disorder), it should be stated.

2. A professional who is certified/licensed in the area of learning disabilities must perform the evaluation. The evaluator's name, title, and professional credentials and affiliation should be provided on letterhead and signed by the qualified professional.

3. The evaluation should be based on a comprehensive assessment battery:

- Aptitude: Average broad cognitive functioning must be demonstrated on an individually administered intelligence test, administered during the past three years, such as the WAIS-R, WAIS-III, or WJ-R Cognitive Battery. Subscales/subtests scores should be

listed. The WISC-R or WISC-III is not acceptable.

- Academic Achievement: A comprehensive academic achievement battery, such as WJ-R, must document achievement deficits relative to potential. The battery should include current levels of academic functioning in relevant areas, such as reading (comprehension decoding), oral and written language, and mathematics. Standard scores, grade levels, percentages for subtests administered should be stated.
- Information Processing: Specific areas of information processing (e.g., short- and long term memory, auditory, and visual perception/processing, executive functioning) should be assessed.
- Social-Emotional Assessment: To rule out a primary emotional basis for learning difficulties and provide information needed to establish appropriate services, a social-emotional assessment, using formal assessment instruments and/or clinical interview, should be conducted.

- **Clinical Summary:** A diagnostic summary should present a diagnosis of a specific learning disability; provide impressions of the testing situation; interpret the testing data; indicate how patterns in cognitive ability, achievement, and information processing reflect the specific learning disability; recommend specific accommodations based on disability-related deficits; and rule out alternative explanations for and include factors contributing to academic difficulties.

4. Additional documents that do not constitute sufficient documentation, but that may be submitted in addition to a psychological, psycho-educational, or neuropsychological evaluation are individualized educational plan (IEP), a 504 plan, and/or an educational assessment.

5. Documentation must reflect the current (within the past three years) array of symptoms/features and level of functioning; if the documentation does not, students may be

required to submit updated information and/or documentation.

## **Cognitive Disabilities**

1. A psycho-educational evaluation that provides a diagnosis of a cognitive disability must be submitted. A statement indicating the current status and impact of the disability in an academic setting should be included. If another diagnosis is applicable (e.g., AD/HD, mood disorder), it should be stated.
2. The evaluation must be performed by a certified/licensed professional. The evaluator's name, title, and professional credentials and affiliation should be provided on letterhead and signed by the qualified professional.
3. The evaluation should be based on a comprehensive assessment battery:
  - Aptitude: Average broad cognitive functioning must be demonstrated on an

individually administered intelligence test, administered during the past three years, such as the WAIS-R, WAIS-III, or WJ-R Cognitive Battery. Subscales/subtests scores should be listed. The WISC-R or WISC-III is not acceptable.

- Academic Achievement: A comprehensive academic achievement battery, such as WJ-R, must document achievement deficits relative to potential. The battery should include current levels of academic functioning in relevant areas, such as reading (comprehension decoding), oral and written language, and mathematics. Standard scores, grade levels, percentages for subtests administered should be stated.
- Information Processing: Specific areas of information processing (e.g., short- and long term memory, auditory, and visual perception/processing, executive functioning) should be assessed.
- Social-Emotional Assessment: To rule out a primary emotional basis for learning difficulties and provide information needed to establish appropriate services, a social-

emotional assessment, using formal assessment instruments and/or clinical interview, should be conducted.

- Clinical Summary: A diagnostic summary should present a diagnosis of a specific learning disability; provide impressions of the testing situation; interpret the testing data; indicate how patterns in cognitive ability, achievement, and information processing reflect the specific learning disability; recommend specific accommodations based on disability-related deficits; and rule out alternative explanations for and include factors contributing to academic difficulties.

4. Additional documents that do not constitute sufficient documentation, but that may be submitted in addition to a psychological, psycho-educational, or neuropsychological evaluation are individualized educational plan (IEP), a 504 plan, and/or an educational assessment.

5. Documentation must reflect the current (within the past 3 years) array of symptoms/features and level of functioning ; if documentation does not, students may be required to submit updated information and/or documentation.

## **Psychiatric Disabilities**

1. Documentation must include a medical or clinical diagnosis of a psychiatric disability based on DSM-IV criteria and a rationale for the diagnosis.

2. An appropriate professional must perform the evaluation: a psychiatrist, a clinical psychologist, or a clinical social worker. The evaluator's name, title, and professional credentials, and affiliation should be provided on letterhead and signed by the qualified professional.

3. The documentation should include the following:

- Information regarding the severity of the disability and the specific academic functions

affected by the disability and/or medication (e.g., ability to concentrate, ability to attend class regularly, ability to interact in small/large groups);

- Recommendations for and compliance to prescriptive treatment, including medication;
- Recommendations for academic accommodations based on specific features/symptoms of disability.

4. Documentation must reflect the current (within the past year) array of symptoms/features and level of functioning ; if documentation does not, students may be required to submit updated information and/or documentation.

## **Physical, Sensory or Systemic Disabilities**

1. Documentation must include a medical diagnosis.
2. The diagnosis and evaluation should be made by a medical doctor or appropriate specialist

licensed in the specific field of disability. The evaluator's name, title, and professional credentials and affiliations should be provided on letterhead and signed by the qualified professional.

3. The documentation should include the following:
- The stability of the disability (stable, progressive, fluctuating);
  - Information regarding the specific academic functions affected by the disability and/or treatment and the severity of the disability (e.g., ability to concentrate, ability to attend class regularly); and
  - Recommendations for academic accommodations based on specific features/symptoms of the disability (e.g., adaptive technology/equipment).

4. Documentation must reflect the current (within the past year) array of symptoms/features and level of functioning; if the documentation does not, students may be required to submit updated information and/or documentation.