

**RUTGERS BIOMEDICAL AND HEALTH SCIENCES
OFFICE OF DISABILITY SERVICES**

**DOCUMENTATION GUIDELINES HANDBOOK
2018 - 2019**

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GENERAL DOCUMENTATION PRINCIPALS AND GUIDELINES

DOCUMENTATION PRINCIPLES

- The Office of Disability Services uses a combination of information to determine eligibility and reasonable accommodations. Documentation of a specific disability does not translate directly into a specific accommodation or set of accommodations, instead reasonable accommodations are determined on a case-by-case and course-by-course basis.
- Ensuring that accommodations provide effective access requires a deliberative and collaborative process that is responsive to the unique experience of each individual, as advised by the Americans with Disabilities Act, Amendments Act, 2008.
- The rationale for seeking information about a student's condition is to support the higher education professional in establishing disability, understanding how disability may impact a student, and making informed decisions about reasonable accommodations.
- Documentation assists the Office of Disability Services staff to:
 - Establish a student's eligibility for services
 - Understand the impact of a student's condition(s) in an academic environment
 - Determine strategies and reasonable accommodations to facilitate equal access.
- Documentation should be reviewed by examining the functional limitations of the disability on the student and how this supports the need for reasonable accommodations.
- Disability documentation should be treated in a confidential manner and shared only on a need-to-know basis according to both State and Federal laws and regulations.

DOCUMENTATION GUIDELINES

With these principles in mind, the guidelines for documentation below are recommended for Rutgers University to enhance consistency and provide students, parents and professionals with the information needed to assist students in establishing eligibility for services and receiving appropriate accommodations. The guidelines are broad enough to allow for flexibility in accepting documentation from a range of perspectives given the different educational environments within Rutgers University.

A combination of the following forms of documentation will be utilized to support accommodation requests at Rutgers University.

- Student self-report
- Medical and health records
- Psycho-educational/Neuro-psychological reports
- School records (e.g. Individualized Education Plans, 504 Plans and Summaries of Performance)
- Observation and interaction

Components of student self-report (information obtained through submitted documentation and during the intake process within ODS):

- Description of diagnosed condition(s)
- Description of previous educational experiences
- Description of past use of accommodations or services
- Description of condition's impact related to the academic environment
- Description of current need for reasonable accommodations for individual courses, programs, activities and facilities.

Components of professionally prepared documentation:

1. Qualified Professional:

- Completed by a qualified professional who is a licensed or otherwise properly credentialed professional who has appropriate training and experience, and has no close, personal relationship with the student being evaluated.

2. Clear Diagnostic Statement:

- Documentation must include a clear diagnostic statement identifying the disability and the date of the most current diagnostic evaluation, as well as the date of the original diagnosis, as appropriate..

3. A Description of Diagnostic Methodology:

- A description of the current diagnostic criteria, evaluation methods, procedures, tests, as well as a clinical narrative interpretation
- Where appropriate to the nature of the disability (e.g., learning and cognitive disorders) the report should contain both summary data and specific tests scores.
- Diagnostic methods that are congruent with the particular disability and current professional practices in the field are expected.
- Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal or non-standardized methods of evaluation are reported, a clear explanation of their role and significance in the diagnostic process should be included.

4. Current Functioning and Need for Current Documentation:

- Reflects current functioning: a combination of the results of formal evaluation procedures, clinical narrative, and the individual's self- report is the most comprehensive approach to fully documenting impact of a condition.
- Relatively recent documentation is recommended; common sense and discretion in accepting older documentation of disabilities that are permanent or non-varying are recommended.
- Changes in the functional impact of a condition (e.g., result of growth, development, changes in symptomatology) may warrant more frequent updates in documentation.
- The necessity of recent documentation may depend on the facts and circumstances of the student's disability and the accommodations requested.

5. Functional Limitations:

- Documentation should be thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the disability.

6. Description of Expected Duration, Progression and Stability of a Condition:

- Documentation must provide information on expected changes or fluctuation of the individual's disability over time if the disability is cyclical or episodic in nature.
- Information should be provided regarding known or suspected environmental triggers that might impact the need for adjusted reasonable accommodations.
- If a condition is unstable, information regarding intervention (including an individual's own strategies); recommended timelines for updates; and potential reevaluations are helpful in determining reasonable accommodations.

7. Supported Need for Requested Reasonable Accommodations:

- The rationale for seeking information about a student's condition is to support ODS in establishing disability, understanding how the disability may impact a student, and making informed decisions about reasonable accommodations that facilitate equal access to the institutions courses, programs, facilities and activities.
- The documentation should include recommendations for reasonable accommodations and services and should be logically related to the student's functional limitations and their specific condition.
- The recommendations by outside agents will be considered and may be adopted when they are congruent with the institution providing equal access to courses, programs, facilities and services and when they are considered to be reasonable in nature. The essential requirements of a program or course are taken into consideration when determining reasonable accommodations.
- ODS may substitute another reasonable accommodation, if it is considered to be as effective and parallel to the one recommended while ensuring that the determination is a deliberative and collaborative process.
- Documentation of a specific disability does not translate directly into a specific accommodation or set of accommodations, instead reasonable accommodations are determined on a case-by-case and course-by-course basis and based upon a deliberative and collaborative process that is responsive to the unique experience of an individual and the unique course and/or program the student is enrolled.
- If after careful review of all factors, ODS has the right to request additional documentation when the need for reasonable accommodations are not supported or deny a requested accommodation when deemed unreasonable.

Please refer to the following specific documentation guidelines for more comprehensive criteria.

DOCUMENTATION GUIDELINES FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER

General Information

The documentation submitted to ODS for ADHD must include all of the information outlined in the Documentation Guidelines for Attention Deficit/Hyperactivity Disorders outlined below in order for ODS to determine reasonable academic accommodations. The Office of Disability Services at Rutgers will review all requests for reasonable accommodations on a case-by-case basis and make the determination of whether or not the information submitted for the requested reasonable accommodations are supported. If the documentation submitted does not sufficiently support the need for the requested reasonable accommodation, additional information will be required.

I. CLINICAL INTERVIEW.

Common components of a clinical interview include:

- Evidence of childhood impairment. (e.g., elementary school grade cards, discipline examples, etc.).
- Evidence of current impairment and the impact on education. (e.g., secondary school grade cards, discipline examples, etc.).
- Statements demonstrating the elimination of or ruling out of alternative diagnoses that might otherwise explain the symptoms of the impairment.
- Statements addressing the intensity and frequency of the symptoms.
- Statements articulating the impact of the impairment on one or more major life activities.
- Statements about the use and impact from medications and therapies. (A positive response to prescribed medications and therapies does not confirm a diagnosis nor does the use of medication support or negate the need for academic adjustments).
- Interpretive Summary of all areas covered during the clinical interview.
- A comprehensive evaluation will address the challenge of distinguishing a clinically significant impairment from the normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or nonappearance).

II. IDENTIFICATION OF DSM CRITERION:

Evaluators providing documentation to Rutgers University should utilize the definition and diagnostic criteria for ADHD from the current version of the Diagnostic and Statistical Manual of Mental Disorders. A specific diagnosis and corresponding DSM code for an Attention-Deficit Hyperactivity Disorder must be included in the report. The diagnostician should use direct language in the diagnosis of ADHD, avoiding the use of terms such as "suggests," "is indicative of," or "attention problems."

III. OTHER ASSESSMENT INSTRUMENTS.

Several diagnostic instruments are used to provide a foundation of information upon which to base a diagnosis and to identify the student's functional limitations in order to determine

reasonable accommodations in a higher educational setting. The information from the other assessment instruments which are used should include:

- a. The name of the assessment instrument(s) used.
- b. The scores obtained. (Standard scores, T-scores, percentiles, etc.)
- c. The interpretation of the scores.

OTHER ASSESSMENT INSTRUMENTS:

In addition to the clinical interview, several other diagnostic instruments are used to provide a broader foundation of information upon which to base a diagnosis and to identify the student's functional limitations and support the need for requested reasonable accommodations. The following information is provided for the purpose of reference for professionals using other assessment instruments. The common functional areas and the frequently used diagnostic instruments for each are:

Cognitive Functioning:

Provides a wealth of information on how the student copes with a variety of verbal and visual/spatial tasks. **Using one instrument:** Wechsler Adult Intelligence Scale, Fourth Edition with subtests (as appropriate); or Woodcock-Johnson Tests of Cognitive Ability, III. Academic Achievement Tests: There is often a typical pattern of performance on achievement tests that can be quite helpful in diagnosing ADHD; ruling out co-morbidity of learning disorders and differentiating between difficulties in concentrating versus simple lack of ability in any one area of achievement.

Alternating and Divided Attention:

Provides information about mental flexibility (the ability to shift focus) and the ability to simultaneously attend to multiple demands. **Using at least two instruments:** Wisconsin Card Sort; Attentional Capacity Test (ACT); Paced Auditory Serial Addition Test (PASAT); Trail Making Tests, Parts A and B; or Kagen Matching Familiar Figure Test (KMFFT).

Target Focus:

Provides information about sustained and selective attention over time. **Using at least one instrument:** Tests of Variable Attention (TOVA); Gordon Diagnostic System (GDS).

Executive Functioning:

Provides information about problem solving methods, frustration levels, restlessness, and distractibility. **Using at least two instruments:** Halstead - Reitan Category Test; Porteus Maze Test; Tower of London (sequencing and planning); Stroop Neurological Screening Test (SNST); Wisconsin Card Sort; Rey-Osterrieth Complex Figure Task; or Letter Cancellation Task.

Memory Functioning:

Provides information about long term and short term memory. **Using one instrument:** Wechsler Memory Scale - III (WMS-III); California Verbal Learning Test (CVLT); or the Verbal and Nonverbal Selective Reminding Tests.

Self and Other Reports:

Provides information about functioning from questionnaires. **Using two instruments:** (one from a significant other [parent or sibling completing the checklists as it pertains to the student] and

the other from the student: Wender Utah Rating Scale (WURS); Barkley Self-Rating Symptom Checklist for ADHD Adults; Copeland System Checklist for Adult Attention Deficit Disorders; Connors' Adult ADHD Rating Scales (CAARS); or Brown ADD Scales (Adult).

Checklists and/or surveys:

Checklists and/or surveys can serve to supplement the diagnostic profile, but do not substitute for clinical observations and sound diagnostic assessments in determining functional impairment and reasonable accommodations.

IV. REVIEW AND SUMMARY OF FINDINGS:

1. Test protocol sheets or scores alone are not sufficient. A well-written interpretative summary based on a comprehensive evaluative process is required.
2. The evaluator should investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, physical health, and/or personality disorders, which may confound the diagnosis of AD/HD. This process should include exploration of possible, alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual, which may result in behaviors mimicking ADHD.
3. A discussion of the current functional limitations must be contained within the report including ongoing inattention and/or hyperactive-impulsive behaviors that significantly impair functioning in two or more settings that are a direct result of problems with inattention / hyperactivity / impulsivity.
4. When specifying the symptoms of inattention and/or hyperactivity-impulsivity, the summary should include a review and discussion of the DSM criteria for ADHD. This review should include current and past symptoms; discussions of how these symptoms significantly impair the individual's functioning in a classroom setting or other settings. This information is necessary and useful in determining reasonable accommodations. A diagnosis of ADHD is not enough to indicate functional limitation(s) in an academic setting. The evaluator must include the specific functional limitations of the student being evaluated in order for ODS to fully evaluate the necessity of reasonable accommodations.
5. A statement of whether or not the student was evaluated while on medication.
6. Information of prior academic adjustments, auxiliary aids, and/or services when available including information about specific conditions under which they were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not the individual benefited from them.

V. Recommendations for Reasonable Accommodations:

1. The rationale for seeking information about a student's condition is to support ODS in establishing disability, understanding how the disability may impact a student, and making informed decisions about reasonable accommodations that facilitate equal access to the institutions courses, programs, facilities and activities.
2. The documentation should include recommendations for reasonable accommodations and services that are realistic and appropriate for a University setting. The recommendations should be logically related to the student's functional limitations and their specific need for the reasonable accommodations requested.

If you have questions regarding documentation needed for students with ADHD, please call the Rutgers Biomedical and Health Sciences Office of Disability Services at 973-972-5396, Monday through Friday from 8:00 a.m. to 5:00 p.m.

All documentation should be submitted to:

Dr. Cindy Poore-Pariseau
The Office of Disability Services
Rutgers Biomedical and Health Sciences
Rutgers University
65 Bergen Street, Suite 1441
Newark, NJ 07107

You may also submit the documentation by sending an email to: odsrbhs@ca.rutgers.edu or cindy.poorepariseau@rutgers.edu; faxing to 973-972-7596 ATTN: ODS; or bringing the documentation to your appointment

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DOCUMENTATION GUIDELINES FOR A LEARNING DISABILITY

Every report submitted to the Office of Disability Services (ODS) for learning disability documentation must meet the ODS general documentation principles and guidelines as well as including the following elements:

I. Recent Assessment

The report must provide adequate information about the student's current level of functioning. If such information is missing and/or outdated, the student may be asked to provide a more recent or complete assessment. For more information on recency of assessments, review the ODS General Documentation Guidelines, specifically the section on Current Functioning and Need for Current Documentation.

II. Neuropsychological and/or Psycho-educational Testing

There should be a discussion of all tests that were administered and observations of the student's behavior during testing. Actual test scores must be provided. Standard scores are required; percentiles and grade and age equivalents are not acceptable unless standard scores are also included. In addition to actual test scores, interpretation of results is required. Test protocol sheets or scores alone are not sufficient; some form of narrative must accompany scores. If time constraints for exams are an issue, tests should be administered both timed and untimed and scores for both testing conditions should be reported. Non-standardized, non-normed measures (such as informal reading inventories or writing samples) may supplement standardized testing, but are insufficient documentation by themselves.

IEP's and 504 Plans:

Please note that IEP's and/or 504 plans were developed for secondary education and may not provide the necessary testing, diagnostic information, or information related to determining reasonable accommodations in higher education. However, some IEP's and 504 plans may provide very useful information that could be used in the process of evaluating reasonable accommodations in higher education. If a student is confused about whether or not former records include the appropriate testing required, please contact the Office of Disability Services. If submitting IEP's or 504 plans, please only submit the most recent versions.

A. Diagnostic Interview Summary

The interview should focus upon the student's developmental and educational history, including any persistent academic or emotional problems. Comorbid conditions should be discussed and there should be a statement explaining whether the learning disability or the other condition is the primary diagnosis.

B. Neuropsychological and/or Psycho-educational Tests Required:

Tests used to document eligibility **must** be normed, standardized, and otherwise technically sound (i.e., statistically reliable and valid) and should be standardized for use with an adult population, appropriate tests include:

Aptitude Tests:

- Aptitude testing (also known as “tests of cognitive ability,” intelligence testing,” “IQ testing” or a “psychological evaluation”) – examples include the Wechsler Adult Intelligence Scales (WAIS) and the Woodcock-Johnson-IV - Tests of Cognitive Ability.

Academic Achievement Tests:

- Academic achievement testing (sometimes called an “educational evaluation” or “academic testing”) – examples include the Wechsler Individual Achievement Test III (WIAT III), the Woodcock-Johnson-IV - Tests of Achievement. Screening assessments or brief batteries do not constitute a complete measure of achievement.

If applicable, additional supplemental tests such as:

- Nelson-Denny Reading Test for both normal and extended time conditions
- Test of Written Language - 4
- Woodcock Reading Mastery Tests – Revised
- Wide Range Achievement Test 5 (WRAT5)

C. Clinical Summary, Recommendations, Accommodations and Diagnosis:

1. **Clinical summary:** The clinical summary should integrate the elements of the battery with background information, observations of the client during the testing situation.
2. **Recommendations:** The recommendations should explain how the student’s performance demonstrates a need for accommodation(s) at the post-secondary level. This report should present evidence of a substantial limitation to learning and explain how the patterns of strength and weakness are sufficiently significant to substantiate a learning disability diagnosis.
3. **Accommodations:** The rationale for a recommended accommodation as expressed in the assessment report must be clear and convincing as to the necessity of the accommodations to achieve equal access. Further, reasonable adjustments, support services, and auxiliary aids are those which: do not constitute fundamental alteration of the nature of the course or of essential course requirements; do not cause undue administrative or financial burden to the university in effecting implementation; and are not items or services of a personal nature. For further information refer to the Supported Need for Requested Reasonable Accommodations.
4. **Rule Out other Factors:** the report should demonstrate that the evaluator has ruled out alternative explanations for the learning problem. Individual "learning styles" and "learning differences" in and of themselves do **not** constitute a learning disability. If social or emotional factors are believed to contribute to the pattern of observed scores, they should be discussed.
5. **Diagnosis:** The report must clearly state a diagnosis of a learning disorder (The components of and criteria for a diagnosis of learning disorders are outlined in the *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS – Fifth Edition (DSM-V)*).

If you have questions regarding documentation needed for students with a learning disability, please call the Rutgers Biomedical and Health Sciences Office of Disability Services at 973-972-5396, Monday through Friday from 8:00 a.m. to 5:00 p.m.

All documentation should be submitted to:

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DOCUMENTATION LINKS FOR OTHER DISABILITIES

Documentation Links for Medical Conditions:

- Online Medical Conditions Documentation Form:
<https://ods.rutgers.edu/students/physical-health-documentation>
- Medical Condition Accessible PDF Documentation Form:
https://ods.rutgers.edu/sites/default/files/pdf/ods/medical_condition_documentation_form.pdf

Documentation Links for Psychological Disorders

- Online Psychological Disorders Documentation Form:
<https://ods.rutgers.edu/students/documentation-of-a-psychological-disability>
- Psychological Disorders Accessible PDF Documentation Form:
https://ods.rutgers.edu/sites/default/files/pdf/ods/psychological_disability_documentation_form.pdf

Documentation Links for Traumatic Brain Disorders

- Online Traumatic Brain Disorders Documentation Form:
<https://webapps.rutgers.edu/student-ods/Forms/TBIDocumentation>
- Traumatic Brain Disorders Accessible PDF Documentation Form:
https://ods.rutgers.edu/sites/default/files/pdf/ods/traumatic_brain_injury_tbi_documentation_form.pdf

For more information or if you have any questions, contact

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