

## Specific Learning Disability Documentation Guidelines

These documentation requirements, based on the Association of Higher Education and Disabilities (AHEAD) guidelines are used to determine eligibility under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Disability Services' policies. A school plan such as an Individualized Education Plan (IEP), a 504 Plan or a Summary of Performance (SOP) is not generally sufficient documentation. Disability Services will review the documentation for the following criteria prior to an intake appointment.

Submission of documentation is not the same as the request for services. Request for services and/or reasonable accommodations *must be initiated by the student* once he/she is confirmed at Naropa University. The student must schedule an intake appointment with Disability Services so that support services and reasonable accommodations may be discussed. Documentation will be reviewed by Disability Services prior to the appointment. Reasonable accommodations cannot be implemented until the student's documentation is complete. Disability Services is responsible for the determination of reasonable accommodations.

**1. Credentials of the evaluator(s).** Professionals conducting assessments and rendering diagnoses of specific learning disabilities must be qualified to do so and have no personal relationship with the individual being evaluated. Trained, experienced, certified and/or licensed psychologists, neuropsychologists, learning disability specialists, and educational therapists with adolescent and adult experience are considered qualified to evaluate specific learning disabilities. Diagnostic reports should be on professional letterhead with name, address, phone, and professional credentials of each evaluator as well as the date(s) of testing.

**2. Based on the current diagnostic findings, a clear statement of a learning disability** must be included in the report. "Quality documentation . . . describes how the condition was diagnosed, information on the functional impact, and progression or prognosis of the condition" (AHEAD). "Relative weaknesses," "learning styles," "learning deficits," "learning differences" and "learning difficulties" do not, in and of themselves, signify a disability.

**3. Description of diagnostic methodology.** "Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation and specific results" (AHEAD). All test scores, including subtest and index scores, must be included in the report. Data should be presented as standard scores and percentiles, and must be based on age norms. Diagnostic assessments must include at least one measure of aptitude and measures of achievement in reading, math and written language. Acceptable measures are listed below. Adult normed assessments are recommended.

### **Aptitude**

- Wechsler Adult Intelligence Scale-Revised (WAIS-III)
- Woodcock Johnson III: Tests of Cognitive Ability (Tests I-10 or I-20)
- Stanford-Binet Intelligence Scale
- Kaufman Adolescent and Adult Intelligence Test or Kaufman ABC

### **Achievement**

*Note: If extended time for examinations is recommended, results from timed achievement measures must support the need for that accommodation.*

### **Reading**

- WJ-III: Tests of Reading Achievement

- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Stanford Diagnostic Reading Test
- Nelson Denny Reading Test

### **Mathematics**

- WJ-III: Tests of Mathematics Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Stanford Diagnostic Mathematics Test
- Test of Mathematical Abilities (TOMA)

### **Written Language**

- WJ-III: Tests of Written Language Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Test of Written Language (TOWL)

The above list is not intended to be exhaustive or to limit assessment in other areas that may be pertinent to identifying the individual's strengths and weaknesses. Please note that the WRAT is not accepted as a sole measure of achievement.

**4. Description of the Current Functional Limitations.** "Best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited [when compared to the average person in the general population] by providing a clear sense of the severity, frequency and pervasiveness of the condition(s)" (AHEAD). The Diagnostic Report must include:

- **Evidence of impact.** Discrepancy alone may not support a substantial limitation.
- **Current functioning.** Diagnostic assessments must have been completed within the past three years.
- Analysis of **patterns** in the individual's cognitive abilities, achievement, and information processing that reflect the presence of a **learning disability**.
- An explanation that academic problems are not the result of **other causes**.

**5. Accommodations.** Although DS is responsible for determining reasonable accommodations with the student, the evaluator may recommend reasonable accommodation(s) appropriate at the post-secondary level. Specific test results must support each recommended reasonable accommodation. Although a history of an accommodation is valuable information, it does not, in and of itself, warrant continued provision of an accommodation(s).

### **All documentation is confidential and should be submitted to:**

Naropa University  
 Disability Services  
 Student Affairs  
 2130 Arapahoe Avenue  
 Boulder, CO 80302  
 Fax: (303) 245-4795

The Disabilities Services Office maintains disability files and diagnostic testing information for seven years after the student either graduates, transfers or leaves the university. After that time, the confidential files are destroyed. If a student does not attend Naropa University but has submitted documentation, the files will be destroyed after two years. Consequently, the student should maintain his/her own copy of the diagnostic information.