

# WILSON COMMUNITY

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## C O L L E G E

Student Development Center  
Disability Services  
Telephone (252) 246-1230 \* Fax (252) 246-1384

### ADD/ADHD Documentation Guidelines

#### **General Documentation Standards**

Wilson Community College in compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, recognizes that certain disabilities result in impairments for which reasonable accommodations may be required. To qualify for disability services, students are required to provide diagnostic documentation from a licensed/clinical professional familiar with the history and functional implications of the impairments.

- All documentation must be submitted on the official letterhead of the professional describing the disability.
- The report should be dated and signed and include the name, title, and professional credentials of the evaluator. Documentation prepared by providers other than those described under the specific disability categories will be considered on a case-by-case basis. It is not appropriate for professionals to evaluate members of their families.
- Disability documentation must be current and adequately verify the nature and extent of the disability in accordance with current professional standards and techniques, and it must clearly substantiate the need for any specific accommodation requested.

A school plan such as an Individual Education Plan (IEP) or a 504 Plan is **insufficient** documentation to support a student's eligibility but may be included as part of a more comprehensive report. Prior history of accommodations, without documentation of current need, does not, in and of itself, warrant the provision of a like accommodation. The department reserves the right to consult with allied health professionals in reviewing and evaluating documentation.

In most cases, documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient to determine the impact of a medical condition or disability, to address the issue of substantial limitations, and to develop reasonable accommodations.

If a student leaves the college for any reason, upon readmission he or she may be asked to submit updated documentation prior to receiving accommodations and/or services.

#### **Attention Deficit Disorder (ADD/ADHD)**

1. A **comprehensive report** on letterhead is required and should include:
  - A SPECIFIC diagnostic statement using DSM-IV classification, avoiding the use of terms such as "suggests," "is indicative of," or "attentional problems."
  - Discussion of the student's developmental, academic, mental, and social history.
  - Methods of assessment with supporting data such as checklists and rating scales. Psychoeducational batteries completed within the last five years that include intelligence and achievement testing will allow the possibility of providing more services. **Without a Psychoeducational assessment, accommodations will be minimal.**
  - Discussion of substantial limitations in an educational setting to support the need for services.
  - The attached AD/HD checklist.
2. The following professionals are considered qualified to evaluate ADD/ADHD: An appropriately licensed/certified psychologist, psychiatrist, neuropsychiatrist, neurologist, or relevantly trained medical doctor. This professional must have expertise in evaluating the impact on the student's educational performance. All reports should be dated, signed, and include the name, title, and professional credentials of the evaluator.
3. If specific recommendations of accommodations are made, the rationale must relate each accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations with Disability Services.

**(continued)**

**Attach the following to the comprehensive report:**

Diagnostic Code (DSM-IV) \_\_\_\_\_ Level of Severity \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE DIAGNOSTIC CRITERIA FOR AD/HD**

\_\_\_\_\_ **A.** (1) Inattention and/or (2) Hyperactivity-Impulsivity

**(1) Inattention**

- \_\_\_\_\_ a) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- \_\_\_\_\_ b) often has difficulty sustaining attention in tasks or play
- \_\_\_\_\_ c) often does not seem to listen when spoken to directly
- \_\_\_\_\_ d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- \_\_\_\_\_ e) often has difficulty organizing tasks and activities
- \_\_\_\_\_ f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork and homework)
- \_\_\_\_\_ g) often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, or tools)
- \_\_\_\_\_ h) is often easily distracted by extraneous stimuli
- \_\_\_\_\_ i) is often forgetful in daily activities

**(2) Hyperactivity-Impulsivity**

- \_\_\_\_\_ a) often fidgets with hands or feet or squirms in seat
- \_\_\_\_\_ b) often leaves seat in classroom or in other situations in which remaining seated is expected
- \_\_\_\_\_ c) often runs (moves) about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- \_\_\_\_\_ d) often has difficulty engaging in leisure activities or playing
- \_\_\_\_\_ e) is often "on the go" or acts as if "driven by a motor"
- \_\_\_\_\_ f) often talks excessively
- \_\_\_\_\_ g) often blurts out answers before questions have been completed
- \_\_\_\_\_ h) often has difficulty waiting turn
- \_\_\_\_\_ i) often interrupts or intrudes on others (e.g. butts into conversations or games)

\_\_\_\_\_ **B.** Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

\_\_\_\_\_ **C.** Some impairment from the symptoms is present in two or more settings (e.g. school, work, home)

\_\_\_\_\_ **D.** The symptoms do NOT occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder.

Was medication prescribed? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Response to medication \_\_\_\_\_

Have you recommended any type of therapy? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Student Development Center  
Disability Services  
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### **Deaf and Hard-of-Hearing Documentation Guidelines**

#### **General Documentation Standards**

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- All documentation must be submitted on the official letterhead of the professional describing the disability.
- The report should be dated and signed and include the name, title, and professional credentials of the evaluator. Documentation prepared by providers other than those described under the specific disability categories will be considered on a case-by-case basis. It is not appropriate for professionals to evaluate members of their families.
- Disability documentation must be current and adequately verify the nature and extent of the disability in accordance with current professional standards and techniques, and it must clearly substantiate the need for any specific accommodation requested.

A school plan such as an Individual Education Plan (IEP) or a 504 Plan is **insufficient** documentation to support a student's eligibility but may be included as part of a more comprehensive report. Prior history of accommodations, without documentation of current need, does not, in and of itself, warrant the provision of a like accommodation. The department reserves the right to consult with allied health professionals in reviewing and evaluating documentation.

In most cases, documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient to determine the impact of a medical condition or disability, to address the issue of substantial limitations, and to develop reasonable accommodations.

If a student leaves the college for any reason, upon readmission he or she may be asked to submit updated documentation prior to receiving accommodations and/or services.

#### **Deaf and Hard-of-Hearing**

1. An audiogram indicating the severity of the hearing impairment must be provided by a licensed audiologist.
2. If specific recommendations of accommodations are made, the rationale must relate each accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations rests with Disability Services.

*Local and national shortages of sign language interpreters make providing their services a critical concern for Disability Services.*

# WILSON COMMUNITY COLLEGE

Student Development Center  
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## Learning and Intellectual Disability Documentation Guidelines

### General Documentation Standards

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**(continued)**

## Learning/Intellectual Disability

1. The following professionals are considered qualified to assess and diagnose learning/intellectual disabilities: appropriately licensed/certified clinical psychologists, school psychologists, and neuropsychologists. This professional must have expertise in evaluating the impact on the student's educational performance. All reports should be on letterhead, dated, and signed and include the name, title, and professional credentials of the evaluator.
2. A Psychoeducational report should be current within five years. Documentation should substantiate the need for service based on the student's current functioning in an *educational* setting.
3. A Psychoeducational evaluation should include a clinical interview. The student's developmental, academic, mental, and social history should be investigated and reported. This evaluation must include a comprehensive assessment battery including aptitude, achievement, and processing instruments.

The following aptitude tests are considered appropriate in the substantiation of a learning disability:

- Wechsler Adult Intelligence Scale-III (WAIS-III)
- Woodcock-Johnson Test Psychoeducational Batter-III: Test of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test (KAIT)
- Wechsler Intelligence Scale for Children-III or IV (WISC-III, WISC-IV)

*The Slosson Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the information necessary to make accommodation decisions.*

The following achievement tests are considered appropriate in the substantiation of a learning disability:

- Woodcock-Johnson Psychoeducational Battery-III
- Wechsler Individual Achievement Test-II (WIAT-II)
- Scholastic Abilities Test for Adults (SATA)

*The Wide Range Achievement Test is not a comprehensive measure of achievement and, therefore, is not useful as the sole measure of achievement.*

In addition, processing instruments may give valuable information.

4. Individual "learning styles," "learning differences," "academic problems," "test difficulty or anxiety," and "weaknesses," in and of themselves, do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as, "suggests" or "is indicative of."
5. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations rests with Disability Services.

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### **Medical/Physical Documentation Guidelines**

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#### **Medical/Physical**

1. The student's attending physician should originate current documentation for a medical disability. A specific diagnosis with treatment history and treatment plan should be included.
2. The report should include how the disability impacts the student in the educational setting.
3. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations rests with Disability Services.
4. In cases of head trauma or medical conditions which affect the brain, a neuropsychological evaluation may allow the student to be accommodated more thoroughly.

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### **Psychological/Psychiatric Documentation Guidelines**

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#### **Psychological/Psychiatric**

1. Documentation should be prepared by a licensed/clinical psychologist, psychiatrist, or other qualified, licensed professional.
2. The evaluation should include a current DSM-IV diagnosis and the treatment history and treatment plan.
3. The impact of the disorder on the individual should be discussed with particular detail regarding academic requirements.
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations rests with Disability Services.
5. A neuropsychological or psychological evaluation may allow the student to be accommodated more thoroughly.

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### **Visual Impairment Documentation Guidelines**

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#### **Visual Impairment**

1. A diagnosis with best corrected visual acuity and degrees of visual field, nasally and temporally, in each eye independently must be provided by an ophthalmologist, optometrist, or other qualified, licensed eye care professional.
2. Provide a written description that explains the impact the impairment has on the individual's visual ability and the functional limitations it may impose.
3. If specific recommendations of accommodations are made, the rationale must relate each accommodation to the functional limitations imposed by the disability. The final determination of appropriate and reasonable accommodations rests with Disability Services.