



**ACADEMIC LEARNING CENTER**  
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## **ALBRIGHT COLLEGE DOCUMENTATION STANDARDS**

*Albright strives to provide reasonable accommodations to all students with disabilities to ensure equal access to the College's programs and activities. Students requesting accommodations for disabilities are required to provide documentation of a diagnosed condition that has a current functional impact and meets the current legal definition of a disability. Common disabilities include impairments to vision, speech, hearing, or motor skills, learning disabilities, Attention Deficit/Hyperactivity Disorder, and chronic medical or mental health conditions. The Academic Learning Center reviews requests for accommodations on an individual basis and makes final decision. The documentation submitted is a crucial piece of this process and must meet the requirements described below. Students and parents should be aware that K-12 IEPs, 504 plans, and previous accommodations may provide helpful information but cannot be the basis of accommodation decisions in a college setting.*

### **I. Documentation should come from a credentialed professional qualified to render the specific diagnosis.**

- Documentation should come on the provider's letterhead and should include the name, title, professional credentials of the evaluator, including information about license or certification, area of specialization, employments, and state in which the individual practices.
- There should be a strong match between the evaluator's credentialed expertise and the condition being evaluated.

### **II. The testing and documentation must be sufficiently current**

- Documentation is meant to provide information relevant to a student's *current* level of functioning in order to (1) establish the disability and (2) identify possible accommodations. Generally this means within the past 3-5 years, but Albright College recognizes that the currency of testing and documentation depends on the facts and circumstances of the individual's condition. While some conditions are permanent or static and are clearly represented in older documentation, other conditions are changeable and require more current assessment.

### **III. The documentation should be comprehensive and should report:**

- A clear statement of the diagnosis and clinical summary
- How the condition was diagnosed - a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, both summary data and specific test scores (with the norming population identified) within the report is desirable. Diagnostic methods that are congruent with the particular disability and current professional practices in the field are expected. (See below for more specific standards regarding assessments for learning disabilities and AD/HD.)
- The condition's current functional impact, including its severity, frequency and pervasiveness and whether and how it limits a major life activity
- the condition's typical progression or prognosis.

#### **IV. The documentation should describe current and past accommodations, services and/or medications.**

- Include a description of known current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any known significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is expected.

#### **V. The documentation is welcome to recommend accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.**

- While Albright College determines what reasonable accommodations to offer, it is helpful to know recommendations from professionals and the rationale for those whose relevance may not be readily apparent.

#### **VI. Documentation necessary to substantiate a LEARNING DISABILITY**

- Assessments of aptitude, achievement, and information processing presenting actual test scores from standardized instruments such as the following:
  - *Aptitude/Cognitive Ability:*
    - Wechsler Adult Intelligence Scale-III (WAIS-III)
    - Woodcock-Johnson-III – Tests of Cognitive Ability
    - Kaufman Adolescent and Adult Intelligence Test
    - Stanford-Binet V
  - *Academic Achievement:*
    - Scholastic Abilities Test for Adults (SATA)
    - Stanford Test of Academic Skills (TASK)
    - Woodcock-Johnson-III – Tests of Achievement
    - Wechsler Individual Achievement Test (WIAT)
  - *Information Processing*
    - Detroit Tests of Learning Aptitude – 3 (DTLA-3)
    - Wechsler Adult Intelligence Scale-R
    - Woodcock-Johnson-III – Tests of Cognitive Ability

#### **VII. Documentation necessary to substantiate AD/HD**

- AD/HD (attention deficit/hyperactivity disorder) is by definition a developmental disorder with onset in childhood that manifests itself in more than one setting. AD/HD also maintains a chronic rather than episodic course. The report must present historical information regarding behavioral patterns and academic performance and should include the following:
  - Approximate age of onset and date of diagnosis
  - Criteria used to determine DSM-IV diagnosis
  - Evidence of significant impact on academic and daily functioning
  - Prior accommodations and treatments
  - If not previously diagnosed or treated, what factors allowed for successful compensation
- There must also be a report containing evidence of current impairment. Diagnostic assessment must consist of more than a self-report of symptoms; an independent adult must evaluate the student and his or her symptoms. The report must contain evidence that symptoms currently meet DSM-IV criteria in their nature and severity:
  - Report the symptoms evident in current functioning
  - Provide objective evidence of significant functional impairment
  - Symptoms cannot be explained by other psychiatric or cognitive factors