General Guidelines for Documentation of a Disability

Clark College will provide accommodations to otherwise qualified individuals with disabilities, who without these accommodations would not be provided equal access, unless an accommodation would alter the fundamental requirements of the course or program. Accommodations are based on the current impact of the functional limitation(s) of the disability.

In order to fully evaluate requests for accommodations, Clark College generally requires documentation of the disability. This consists of an evaluation by an appropriate professional and describes the current impact of the disability as it relates to the accommodation request. **The cost and responsibility for providing documentation shall be borne by the student.** Note: There are cases when Disability Support Services (DSS) staff can exercise professional judgment, in lieu of documentation.

Documentation received is kept in the Disability Support Services Office. Information will only be released to Clark College personnel on an educational need to know basis. Information regarding accommodations, disability, or student status will not be released to persons outside of Clark College without written permission from the student.

The Disability Support Services Office will use the documentation provided to evaluate requests for accommodations. The evaluation process will include a review of the documentation, the fundamental requirements of the program or course in question, and the student’s self-report taken during the initial intake meeting.

Students who have previously received special education services in the K-12 public school system should submit Individualized Educational Program (IEP) documentation. IEP records contain both information about services/supports provided, as well as specific details about evaluations/testing/diagnostic reports related to eligibility for services. While both types of information are useful, the latter form (i.e. evaluations/testing/reports) is most relevant in terms of determining eligibility for post-secondary supports. More specifically, we need the diagnosis from a qualified professional with functional limitations or impacts described.

For individuals who are or have been receiving services from a state rehabilitation agency, the information requested may be contained in your most recent eligibility evaluation.

Students may utilize existing records for documentation, and/or they may ask a current provider to complete a Verification of Disability (VOD) form. This form is available for downloading from the DSS website at [www.clark.edu/dss](http://www.clark.edu/dss) (listed under “Disability Documentation Guidelines” link).

For individuals transferring from another college the information related to your disability will not be sent with a transcript request. You must request that information separately.

The Disability Support Services Office will not make copies of documentation received. Documentation is electronically scanned upon submission to DSS, and the original paper copy is returned to the student. It is important for the student to retain this documentation for their own records.

Documentation should show current impact of the disability. The following guidelines are provided in the interest of assuring that evaluations and reports are appropriate for documenting eligibility and identifying appropriate accommodations. The report should clearly state the names, titles, professional credentials, addresses, and phone numbers of the evaluators, indicate date(s) of testing, and be on official letterhead, typed, dated, and signed. The documentation should meet the following requirements (specific examples related to particular disabilities are listed as pertinent):

1. Be prepared by a *qualified* *professional* who has comprehensive training in a relevant field of expertise, training, and education.

* Attention Deficit Disorder (ADD) and/or Attention Deficit/Hyperactivity Disorder (ADHD): Diagnosis of this disorder from the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) or International Classification of Diseases (ICD) can be provided by clinical psychologists, neuropsychologists, psychiatrists, clinical social workers, and/or other relevantly trained medical doctors.
* Autism Spectrum Disorders: Diagnosis can be provided by clinical psychologists, neuropsychologists, psychiatrists, clinical social workers, and/or other relevantly trained medical doctors.
* Health or Physical Disabilities (e.g.: including but are not limited to: mobility impairments, Multiple Sclerosis, Cerebral Palsy, spinal cord injuries, traumatic brain injuries, cancer, AIDS, Muscular Dystrophy, and Spina Bifida): Any health or physical disability is considered to be in the medical domain and requires diagnosis by a qualified medical professional.
* Hearing Disability: Any hearing loss evaluation requires the expertise of a credentialed audiologist (CCC – Certificate of Clinical Competence).
* Learning Disability: An evaluation must be prepared by a professional qualified to diagnose learning disabilities, which would include, but is not limited to: a licensed neuropsychologist or psychologist, learning disability specialist, clinical or educational psychologist, or other appropriately qualified professional. Documentation of a learning disability consists of the provision of professional testing and evaluation including a written report, which reflects the student's present level of information processing as well as his or her achievement level.
* Mental Health Disability: A psychological/psychiatric disability is defined as an impairment of cognitive, educational and/or social functioning caused by a disorder as described in the Diagnostic and Statistical Manual of Mental Health Disorders(DSM).
* Vision Disability: Any vision loss evaluation would be considered to be in the medical domain and requires the expertise of a qualified licensed eye care professional.

1. Be *current*. The provision of all accommodations are based upon the assessment of the current impact of the disability on academic performance. This means that the diagnostic evaluation should show the current level of functioning and impact of the disability. It is in the student’s best interest to provide the most recent disability documentation in order for the most relevant information to be considered in the accommodations determination process.
2. *Be* *comprehensive*. Information on all impacted life domains must be provided. The clinician must specify the nature, severity, current impact of the disability, and anticipated duration. Relevant discussion of any medications being used, and any accompanying side effects, should be detailed by the diagnosing clinician. A description should include information about treatments, interventions, assistive devices/services currently prescribed or in use, including the possible effectiveness of these supports, in an educational setting. Further, a description of the expected progression of the disability over time is critical, especially as some disabilities are progressive or degenerative while others remain relatively stable over time. Minimally, areas to be addressed should include the following in relation to the following specific disabilities:

* ADHD/ADD: The clinician should provide a complete description of functional limitations, including how symptomology is being managed, with information on specific impact in the educational setting.
* Autism Spectrum Disorders: The clinician should address the student's current ability to function in the college environment (e.g. ability to focus, organize one's time, attend class, work in groups or alone). If the student is impacted outside of the social interactions/communications domain, then information in relation to cognitive testing and intellectual functioning can be included in report (see information in learning disability section for further details).
* Health/Physical Disabilities: A clear statement is needed about how the disability limits a major life activity, including but not limited to walking, breathing, seeing, hearing, performing manual tasks, caring for one's self, learning, or working. This description will detail the type and severity of current symptoms and functional impact of the disability, and provide information on the student's ability to meet the demands of the postsecondary environment (physical, perceptual, behavioral, or cognitive).
* Hearing Disabilities: A brief description of the onset and severity of the hearing loss is needed. This description will include information about any assistive devices/services currently prescribed or in use, including the possible effectiveness of these devices or services in an educational setting. Additionally, as appropriate, a description of the expected progression or stability of the hearing loss over time should be provided.
* Learning Disabilities: The use of a single test and/or informal screening instruments is not acceptable for the purpose of diagnosis. Minimally, areas to be addressed must include but not be limited to:
  + *Aptitude.* The Wechsler Adult Intelligence Scale-III (WAIS-III) including subtest scores is preferred. The Woodcock-Johnson Psycho-Educational Battery Revised: Tests of Cognitive Ability is acceptable. The Leiter International Performance Scale or the Comprehensive Test of Non-Verbal Intelligence is accepted when cultural bias or hearing loss is a concern.
  + *Achievement.* A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of functioning in reading (decoding and comprehension), mathematics, and written language. Acceptable instruments include the Woodcock-Johnson Psychoeducational Battery- Revised: Test of Achievement; Stanford Test of Academic Skills; or specific achievement tests such as the Test of Written Language-2, Woodcock Reading Master Test-Revised, or the Stanford Diagnostic Mathematics Test. (The Wide Range Achievement Test Revised is **NOT** a comprehensive measure of achievement and therefore is not suitable.)
  + *Information Processing.* Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/processing; processing speed, executive functioning, and motor ability) must be assessed. Use of subtests from the WAIS III or the Woodcock- Johnson Tests of Cognitive Ability are acceptable.

Note: This is not intended to be an exhaustive list of testing instruments or to restrict assessment in other pertinent and helpful areas, such as vocational interest and aptitudes. Future revisions of the above listed testing instruments will be accepted.

* Mental Health Disabilities: The clinician should address the student's current ability to function in the college environment (e.g. ability to focus, organize one's time, attend class, work in groups or alone).
* Vision Disability: The report should detail the date of most recent visit, diagnosis of the eye disorder, and pathology specific to the individual. A brief description of the severity of the vision loss, and current impact or limitations, is needed. Information should include a description of assistive devices or services currently prescribed or in use, including the possible effectiveness of these devices or services in an educational setting. Additionally, a description of the expected progression or stability of the vision loss over time should be provided.

1. *Includes relevant testing information.* Testing can include informationsuch as audiology reports (i.e. hearing disability), vision screening/testing, cognitive testing (i.e. learning disabilities, intellectual/developmental disabilities), various medical testing, and/or behavior/mental health checklists/assessments.

Suggestions of academic accommodations with supporting evidence may be included. The final determination for providing appropriate accommodations rests with Clark College's Disability Support Services Office.

If, after reading these guidelines, there are any questions, contact Disability Support Services at (360) 992-2314 voice or (360) 991-0901 video phone.