

II. Guidelines for Learning Disabilities

The professional evaluator's report and supporting documentation submitted by candidates seeking testing accommodations because of a learning disability or other cognitive impairment must meet the requirements set forth below **in addition to** the requirements set forth in the General Guidelines.

A. The learning disability must be diagnosed by a qualified professional.

The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.

B. Information demonstrating a history of impaired functioning must be provided.

A developmental disorder such as a learning disability typically originates in childhood and, therefore, information which demonstrates a history of impaired functioning should be provided in addition to information regarding the current functional limitations caused by the disability. (See General Guidelines).

C. Documentation must be comprehensive.

Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the professional report and supporting documentation must include the following:

1. A diagnostic interview and history taking.

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary, and postsecondary education should be investigated and documented. The professional report and supporting documentation must include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the professional report and supporting documentation should include:

- A description of the presenting problem(s);
- A developmental history;
- Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;

- Relevant family history, including primary language of the home and current level of fluency in English;
- Relevant psychosocial history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- Relevant employment history;
- A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; and
- Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

2. Psychoeducational or neuropsychological evaluation.

A psychoeducational or neuropsychological evaluation must be included in the evaluator's report, and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

3. Objective evidence of a substantial limitation based on a comprehensive battery of tests.

An assessment of the candidate's disability and the functional limitations it causes must consist of a comprehensive battery of tests. A diagnosis must be based on the aggregate test results and the candidate's history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

Objective evidence of a substantial limitation to learning must be presented. Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the professional report and supporting documentation must address the following test domains:

a. Cognitive Functioning.

A complete assessment of cognitive functioning is essential with all subtests and standard scores reported.

Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psychoeducational Battery-III (WJ-III); Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

b. Achievement.

A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement (WJ-R); The Scholastic Abilities Test for Adults (SATA); and Woodcock Reading Mastery Tests-III (WRMT-R). Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

c. Information Processing.

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude – Adult (DTLA-A); Wechsler Memory Scale-III (WMS-III); information from the Woodcock Johnson Psychoeducational Battery-III (WJ-III); Tests of Cognitive Ability; and other relevant instruments that may be used to address these areas.

d. Other Assessment Measures.

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

- 4. A differential diagnosis must be reviewed, and various possible alternative causes for the identified problems in academic achievement should be ruled out.**

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

- Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing, or reasoning skills.
- The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

5. A clinical summary must be provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information, and current functioning. It is essential, then, that the evaluator integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

- Demonstration of the evaluator's having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems, and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability; and

Problems such as test anxiety, English as a second language (in and of itself), slow reading, without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities and, therefore, are not covered under the ADA.