

THE UNIVERSITY OF CHICAGO

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**PROTOCOL FOR DOCUMENTATION OF
LEARNING DISORDERS IN ADOLESCENTS AND ADULTS**

- A Licensed and Qualified Professional¹ Must Conduct the Testing
 1. The evaluating professional must be licensed and qualified by training to conduct an appropriate diagnostic evaluation that leads to a formal diagnosis under DSM-IV or ICD-10 criteria.
 2. The use of diagnostic terminology indicating psychological disorders², psychiatric disorders and emotional/cognitive difficulties secondary to medical illness by someone whose training and experience is not in a qualified mental health field is not acceptable.
 3. It is not appropriate for professionals to evaluate members of their own families.
 4. The name, title, and professional credentials of the evaluating professional — including information about license or certification as well as the area of specialization, employment, and state or province in which the individual practices—should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed, and otherwise legible.
- Documentation Should be Current – within three years and applicable to current educational setting
- Documentation Should be Comprehensive and Include:
 1. Comprehensive diagnostic interview, including
 - History of symptoms / developmental history
 - Family history
 - Medical and medication history
 - Psychosocial history
 - Prior psychoeducational reports and scores
 - History of academic adjustment
 2. Evidence of current impairment that affects learning and adaptive functioning.
 3. Relevant Testing
 - Aptitude test³
 - Academic achievement test⁴
 - Specific tests giving data specifying executive functioning abilities and limitations
 - Emotional/Personality Testing⁵
 - Information Processing Test⁶

For each test, raw scores should be provided in addition to interpretive summary. Test scores or subtest scores alone should not be used as a sole meas-

ure for the diagnostic decision regarding learning disorders. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of learning disorders, but they can serve to supplement diagnosis and indicate work habits and compensation strategies. Checklists and/or surveys can serve to supplement the diagnostic profile.

4. A specific DSM-IV diagnosis and explanation to rule out alternative diagnosis

A diagnostic report should include a review and discussion of the DSM-IV criteria for the learning disorder both currently and retrospectively and specify which symptoms are present (see Appendix for DSM-IV criteria). In diagnosing learning disorders, it is particularly important to address the following criteria:

- Symptoms of impairment which must have been present in childhood;
- Current symptoms that have been present for at least the past six months;
- Impairment from the symptoms present in two or more settings (school, work, and/or home);
- Clear evidence of significant impairment in social, academic, or occupational functioning; and;
- Symptoms that 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 (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

5. A comparative description of specific functional limitations with *and* without use of medication.

6. An Interpretative Summary discussing any current/previous academic adjustment or modification:

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because learning disorders are, in many ways, diagnoses based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential that professional judgment be utilized in the development of a summary, which should include:

- a. indication of how patterns of impairment across the life span and across settings are used to determine the presence of learning disorders;
- b. indication of whether or not the student was evaluated while on medication, and whether or not there is a positive response to the prescribed treatment;
- c. indication and discussion of the substantial limitation to learning presented by the disorder and the degree to which it impacts specific academic educational processes, such as writing, math and reading, for which adjustments are being requested; and degree of difficulty.

- d. indication as to why specific adjustments are needed and how the effects of symptoms, as designated by the DSM-IV, are mediated by the adjustment(s).

7. A Rationale for Each Academic Adjustment Recommended by the Tester

The tester should describe the impact, if any, of the diagnosed disorder on a specific major life activity as well as the degree of impact on the individual. The diagnostic report should include specific recommendations for modifications that are realistic and that postsecondary institutions can reasonably provide. A detailed explanation should be provided as to why each auxiliary aid or service is recommended and should be correlated with specific functional limitations determined through interview, observation, and/or testing.

Although prior documentation may have been useful in determining appropriate services in the past, current documentation should validate the need for services based on the individual's present level of functioning.

The documentation should include any record of prior academic adjustments or auxiliary aids, including information about specific conditions under which the aids or services were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefited the individual. However, a prior history of adjustments, without demonstration of a current need, does not in itself warrant the provision of a like adjustment.

A multifaceted evaluation should address the intensity and frequency of symptoms and whether these constitute a substantial impairment of a major life activity. Reasonable services and aids may help to ameliorate the disability and to minimize its impact on the student. The determination for reasonable academic adjustment(s) rests with the Assistant Dean of Students in the University or designee working in collaboration with the individual with the disability and ultimately with individual faculty. It is the responsibility of the faculty to establish the essential goals and elements of a course, exam, or program. The final decision for s within a class thus rests with the instructor, who must determine whether the proposed adjustment(s) compromises essential elements of the academic program.

The University of Chicago has a responsibility to maintain confidentiality of the evaluation and may not release to any other institution or agency any part of the documentation without the individual's consent.

Reports should be sent to:

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The University of Chicago
Room 233
5801 S. Ellis Avenue
Chicago, Illinois 60637**

¹ Licensed school psychologist, licensed neuropsychologist, or licensed clinical or educational psychologist

² Disorder refers to a condition that is debilitating on a time-limited basis.

³ Qualified evaluators select cognitive aptitude tests of relevance, for example:

Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)
Woodcock-Johnson Psychoeducational Battery, Third Edition: Tests of Cognitive Ability
Kaufman Adolescent and Adult Intelligence Test
Stanford-Binet Intelligence Scale, Fifth Edition

- ⁴ Qualified evaluators select academic achievement tests of relevance, for example:
- Scholastic Abilities Test for Adults (SATA)
 - Stanford Test of Academic Skills
 - Test of Written Language-Third Edition (TOWL-3)
 - Woodcock-Johnson Psycho-Educational Battery, Third Edition, Tests of Academic Achievement
 - Nelson-Denny Reading Test
 - Stanford Diagnostic Mathematics Test
 - Detroit Tests of Learning Aptitude-3 (DTLA-3)
 - Detroit Tests of Learning Aptitude-Adult (DTLA-A)
- ⁵ Qualified evaluators determine personality tests of relevance, for example:
- Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-II)
 - Millon Clinical Multiaxial Personality Inventory-II (MCMI-II)
 - Personality Assessment Inventory (PAI)
 - Rorschach Inkblot Test
 - Thematic Apperception Test (TAT)
- ⁶ Qualified evaluators determine information processing and neuropsychological tests of relevance, for example:
- Comprehensive Assessment of Spoken Language (CASL)
 - Delis-Kaplan Executive Function System (D-KEFS)
 - Developmental Test of Visual Motor Integration-Fourth Edition (VMI)
 - Wechsler Memory Scale, Third Edition (WMS-III)