

THE UNIVERSITY OF CHICAGO

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**PROTOCOL FOR DOCUMENTATION OF PSYCHOLOGICAL/PSYCHIATRIC DISORDERS  
IN ADOLESCENTS AND ADULTS**

- A Licensed and Qualified Professional<sup>1</sup> 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 disorders<sup>2</sup>, 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
    - Neuropsychological and Psychoeducational testing<sup>3</sup>
    - Information processing Tests<sup>4</sup>
    - Personality Tests<sup>5</sup>

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 measure for the diagnostic decision. Checklists and/or surveys can serve to supplement the diagnostic profile. Short form tests are not comprehensive measures of aptitude.

4. A specific DSM-IV diagnosis and explanation to rule out alternative diagnosis.
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, and should include:

- a. indication and discussion of the substantial limitation to learning presented by the disorder(s) and the degree to which it impacts the individual in the learning context for which adjustments are being requested; and
- b. indication as to why specific adjustments are needed and how the effects of the disorder's 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 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 services and aids 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  
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Chicago, Illinois 60637**

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<sup>1</sup> Licensed psychiatrist, Licensed psychologist, or Licensed social worker with competencies related to diagnosis

<sup>2</sup> Disorder refers to a condition that is debilitating on a time limited basis.

<sup>3</sup> 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

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)

<sup>4</sup> 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)

<sup>5</sup> Qualified evaluators determine rating scales of relevance, for example:

Behavioral Assessment System for Children/Adolescents, Second Edition (BASC-II)  
Wender Utah Rating Scale  
Brown Attention-Disorder Scale  
Beck Anxiety Inventory  
Beck Depression Inventory  
Yale-Brown Obsessive Compulsive Scale  
Taylor Manifest Anxiety Scale

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)