

WCC General Guidelines for Documentation of a Disability

These general guidelines have been developed to assist WCC students in working with their treating professional(s) to prepare the information that will assist in verifying eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids requested. WCC has utilized guidelines developed by the Associations of Higher Education and Disability (AHEAD) and the Educational Testing Service (ETS). All documentation should adhere to the following guidelines:

1) Qualifications of Evaluator: The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist), as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated. Professionals conducting assessments, rendering physical diagnoses, offering opinions about physical disabilities and making recommendations should be qualified to do so. A list of acceptable evaluators is provided under criteria related to each disability type. Documentation prepared for specific non-educational venues (i.e. Social Security Administration, Department of Veterans Affairs, Department of Rehabilitative Services, etc.) may not meet the required criteria.

2) Age of Documentation: The documentation should have been completed within the last year for psychiatric disabilities, or last 3 years for LD, ADHD and all other disabilities (NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature). A new assessment at the student's expense may be necessary to determine the current need for accommodation(s) if the existing documentation is outdated, inadequate in scope or content, or if the student's observed performance indicates that significant changes may have occurred since the previous assessment was conducted.

3) Specific Diagnosis and Clinical Documentation: A diagnostic statement identifying the disability, date of the most current diagnostic evaluation, and the date of the original diagnosis. Documentation should be in narrative format. Documentation should be typed on official letterhead and signed by the evaluator. Documentation written on prescription pads will not be considered sufficient. A diagnosis alone may not be sufficient information to establish eligibility or provide accommodations. IEP or 504 plans may not be considered sufficient documentation unless accompanied by a current and complete evaluation. A description of the diagnostic tests, methods, and/or criteria used including specific test results (including standardized testing scores) and the examiner's narrative is recommended. In order to provide appropriate, reasonable accommodations to students with disabilities who seek them, students should provide documentation from a qualified professional that includes a full clinical description, current functional limitations, and a prognosis to include any expected future decline in functional ability. This documentation should also include information about the methodology used to make a diagnosis, specific results of the assessments used, summary data, and specific assessment scores based on adult norms where having such additional information will assist colleges in engaging in a deliberative and collaborative decision-making process that considers each student's unique situation and experience, but not where requesting such information becomes burdensome to a student.

4) Describe Current Impact of Disability on Learning: A description of the current functional impact of the disability may be in the form of an examiner's narrative, and/or an interview, but should have a rational relationship to diagnostic assessments. For learning disabilities, current documentation is defined using adult norms. A statement indicating treatments, medications, or assistive devices/services currently prescribed or in use, with a description of the mediating effects and potential side effects from such treatments. There should also be evidence of a "substantial limitation" in a major life activity, such as walking, seeing, hearing, learning, breathing, etc. (For example, evidence could be a description of the diagnostic tests, methods, and/or criteria used in establishing the diagnosis, the specific results of the diagnostic procedures, and when

available, both summary and specific test scores.) *When a student's functioning demonstrates a "relative weakness" or "low average functioning", it is typically an indication that a substantial limitation is not present.*

5) Recommendations and Support for Accommodations: Describe the specific accommodation requested and adequately support each of the requested accommodations.

WCC GUIDELINES BY DISABILITY:

ATTENTION DEFICIT DISORDER (AD/HD)

Students with Attention Deficit Disorder (AD/HD) should submit comprehensive documentation that substantiates the AD/HD. This documentation should include evidence of early impairment, evidence of current impairment, relevant testing information, and an interpretive summary based on a comprehensive evaluation.

Documentation Criteria:

- **A qualified diagnostician should conduct the evaluation.**
Professionals conducting assessments and rendering diagnoses of ADHD should be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adolescents and adults with ADHD is necessary. The following professionals generally would be considered qualified to evaluate and diagnose ADHD, provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: licensed psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors
- **Documentation should be current.**
Because the provision of reasonable accommodations and services is based upon assessment of the current impact of the test taker's disability on the testing activity, it is necessary to provide "recent" and appropriate documentation. In most cases, this means that a diagnostic evaluation should have been completed within the past three years.
- **Records of academic history should be provided.**
Because developmental disabilities such as an ADHD are usually evident during early childhood (though not always diagnosed), historical information regarding the individual's academic and behavioral functioning in elementary and secondary education should be provided. Self-report alone, without any accompanying historical documents that validate developmentally deviant ADHD symptoms and impairment may not be sufficient.
- **The documentation should build a case for and provide a sound rationale for the ADHD diagnosis.**
An ADHD evaluation is primarily based on an in-depth history reflecting a chronic and pervasive history of ADHD symptoms and associated impairment beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant's relevant background including family, academic, behavioral, social, vocational, medical, developmental, and psychiatric history. There should be an emphasis on how the ADHD symptoms have manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in their coping efforts.
- **Test scores alone may not be sufficient to establish an ADHD diagnosis**
Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. A neuropsychological or psycho-educational assessment can be helpful in identifying the individual's pattern of strengths and weaknesses and whether there are patterns supportive of attention problems. However, a comprehensive testing battery alone, without illuminating a pattern of real world functional impairment, may not be sufficient to establish an ADHD diagnosis or a disability. Checklists and/or ADHD symptom rating scales can be a helpful supplement in the diagnostic process, but by themselves may not be adequate to establish a diagnosis of ADHD.

- **Each accommodation recommended by the evaluator should include a rationale.**

In addition to a comprehensive diagnostic evaluation, the report should also address the history of prior accommodations the test taker has received and the objective of those accommodations. Accommodations may not be granted on the basis of a diagnostic label. Instead, accommodation requests need to be tied to evidence of current functional impairment that supports their use. The evaluator

should describe the type and degree of impact the ADHD has (if one exists) on a specific major life activity and on the individual. A detailed explanation should be provided as to why each accommodation is recommended and should correlate specifically to identify functional limitations.

DEVELOPMENTAL DISABILITIES (INCLUDING AUTISM-SPECTRUM DISORDERS)

- A statement of DSM diagnosis and date of onset.
- A narrative summary of the current level of functioning, specifying present symptoms resulting in substantial functional limitations of one or more life functions.
- Medical information to be considered in a college environment, including medication needs and side effects, and personal care concerns.
- Suggestions of reasonable accommodations supported by the diagnosis, including assistive devices, techniques, or supports that are essential to the success of the student.

MEDICAL CONDITIONS

In general, a diagnosis of a medical condition, including prognosis is suggested. If no specific diagnosis has been made, documentation should demonstrate that present medical symptoms substantially limit one or more major life activities.

- Documentation should be less than 3 years old. In cases where the impairment is static (unchanging), an older assessment may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If functioning is expected to change during the student's enrollment, updated documentation may periodically be requested.
- A summary of the current level of functioning, specifying areas of functional limitation.
- A summary of the assessment procedures used to come to the diagnosis.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.
- Other medical information to be considered in a college environment, including medication needs and side effects, and personal care concerns.

Categories of disabilities as outlined by the state include:

1. **Hearing Impairment:** A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensor neural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

Documentation Recommended:

An assessment (Audiogram) confirming the diagnosis of hearing impairment and the severity of hearing loss.

- Documentation should be less than three years old. In cases where the hearing loss is static (unchanging), an older audiogram may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If the hearing loss is progressive, updated documentation may periodically be requested.

- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.
2. **Physical Impairment:** Musculoskeletal and connective tissue disorders, neuromuscular disorders, and physically disabling conditions that may require adaptation to one's school environment or curriculum. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm, head injury and spinal cord injury, arthritis and poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.
 3. **Speech Disability:** Disorders of language, articulation, fluency or voice that interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to cleft lip and or palate with speech impairment, stammering, stuttering, laryngectomy and aphasia.
 4. **Visual Impairment:** Disorders in the structure and function of the eye as manifested by at least one of the following: (a) visual acuity of 20/70 or less in the better eye after the best possible correction; (b) a peripheral field so constricted that it affects one's ability to function in an educational setting; or (c) a progressive loss of vision that may affect one's ability to function in an academic setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.
 5. **Other disabilities:** Not limited to the conditions including certain cardiovascular and circulatory conditions, blood serum disorders, epilepsy, and respiratory disorders.

A Qualified Professional Should Conduct the Evaluation

- The name, title, and professional credentials of the evaluator- including information about license or certification, as well as the area of specialization and state or province in which the individual practices should be clearly stated in the documentation. Comprehensive training and relevant experience with the applicable medical condition are essential.
- This documentation should be completed by an appropriate licensed medical practitioner, who has direct knowledge of you and your disability. For example, documentation for a visual impairment would be completed by an ophthalmologist, and a hearing impairment by an audiologist. These examples are meant to be illustrative and not comprehensive.

Documentation Should Be Current

- Documentation should be current. Because the provision of reasonable accommodations and services is based upon WCC's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation.
- It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.
- Due to the nature of this type of disability, the appropriate time period varies. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be required.

Documentation Necessary to Substantiate the Diagnosis Should Be Comprehensive

- To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should use the appropriate medical testing.

- The data should logically reflect a substantial limitation to learning for which the student is requesting accommodation.
- The particular profile of the student's strengths and weaknesses should be shown to relate to functional limitations that may necessitate accommodations.
- The testing instruments should be reliable, valid, and standardized for use with an adolescent/adult population.
- Informal inventories, surveys, self-reports, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.
- If the medical condition manifest itself in symptoms involving cognitive recall, the appropriate testing, as well as qualified professional conducting the evaluation, would involve the criteria for a learning disability.

Documentation Should Include a Specific Diagnosis

The report should include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as "suggest" or "is indicative of".

The following should be addressed:

1. Date and method of diagnosis, including any test results and analysis, as well as, current medical treatment
2. How the medical condition affects one or more major life activities. This is the essential criterion necessary to have the medical condition considered a disability. Although a medical condition may be considered a disability in one patient, this does not imply that the impact will be the same for all persons with the condition.
3. The future prognosis of the medical condition. Is the condition temporary or permanent, progressive or stable?

Each Accommodation Recommended by the Evaluator Should Include a Rationale

- The evaluator should describe the impact of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. The diagnostic report should include specific recommendations for accommodations that the post-secondary institution can reasonably provide.
- A detailed explanation as to why each accommodation is recommended should be provided and should be correlated with specific functional limitations determined through interview, observation, and/or testing.
- A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report.
- If possible, the criteria for placement in a specialized program should be included.
- The documentation should include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used, and whether or not they benefited the individual.
- If no prior accommodations were provided, the evaluator should include an explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

The following should be addressed:

- How the medical condition affects the patient in an academic setting. This would include any necessary academic accommodations required as a direct result of the disability.
- How these academic accommodations would mitigate the effects of the disability.

- If the requested accommodation is not clearly identified in the diagnostic report, the ODS will seek clarification.

The Disability Services will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student.

An Interpretative Summary Should Be Provided

- A diagnostic summary based on a comprehensive evaluative process is a requested component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that should be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context.
- To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should consider certain key issues. These issues involve establishing the credibility of the diagnosis, the severity of the impairment, and the suitability of the accommodations for the tasks at hand.

Documentation of a Temporary Disability

A disability that interferes with a student's ability to participate in programs, services, and activities for an extended period of time, will be treated on an individual basis and the policy for disability documentation will apply. However, the documentation provided should be current in order to support the need for accommodation.

SPECIFIC LEARNING DISABILITIES

- Documentation of a Learning Disability should be no more than 3 years old if testing instruments normed for children were used in the evaluation. Evaluations using adult-normed testing instruments are considered current for five years.
- Criterion scores should be used to establish the area(s) of disability. Statements such as “learning differences,” “relative weaknesses,” “appears to have a learning style similar to a person with a learning disability” or “additional testing should be conducted to rule out a learning disability” and academic problems in and of themselves do not substantiate a learning disability.
- A qualified, licensed professional should conduct the evaluation. Qualified professionals generally include a clinical or educational psychologist, neuro-psychologist, and learning disabilities specialist. All reports should be typed, legible, signed by the qualified professional, and submitted on official letterhead.
- Tests used to determine eligibility should be technically sound and normed on the appropriate population. Actual test results should be included in the evaluation with all subtest and standard scores and percentiles listed as appropriate.
- Comprehensive testing that measure both Aptitude and Achievement is required. Appropriate aptitude test instruments may include, but are not limited to: The Wechsler Adult Intelligence Scale (WAIS), Wechsler Intelligence Scale for Children, Stanford Binet Intelligence Test. Appropriate achievement test instruments may include, but are not limited to: Woodcock Johnson Tests of Achievement, Wechsler Individual Achievement Test, Stanford Test of Academic Skills. Specific achievement tests such as the Test of Written Language-2 (TOWL-2), Woodcock Reading Mastery Test, or the Stanford Diagnostic Mathematics Test may also be included with complete achievement battery.
- The Slosson Intelligence Test, Kauffman Brief Intelligence Test, and the Test of Non-Verbal Intelligence may not be sufficient to establish aptitude levels. The Wide Range Achievement Test and The Nelson Denny Reading Test may not be sufficient in and of themselves to establish achievement levels.
- Other assessment measures (Visual Motor Integration, Memory, etc.) may be integrated with the above documents.
- Any recommended accommodations by the evaluator(s) should include a detailed explanation as to why each accommodation is needed and should be backed-up by testing data.
- IEPs and/or 504 Plans may be not be sufficient documentation to establish eligibility, but may be included.

PSYCHOLOGICAL DISORDERS

What is considered a Psychological Disorder?

There are a wide number of mental illnesses. Illnesses, which most often occur in student populations, fall into five major categories. These are:

Thought Disorders:	Mood Disorders:	Anxiety Disorders:
loss of intermittent loss of contact with reality, manifested in hallucinations, disorganized speech, grossly disorganized behavior, and flat affect. <ul style="list-style-type: none">• Schizophrenia	severe erratic, and/or prolonged disturbances of mood. <ul style="list-style-type: none">• Major Depressive Disorder• Dysthymia	overwhelming and unpleasant emotions, unrealistic fears, flashbacks, excessive worry, sleep disturbances, ritualistic behaviors. <ul style="list-style-type: none">• Panic Attacks• Phobias• Obsessive-Compulsive Disorder (OCD)• Post Traumatic Stress Disorder (PTSD)
Dissociative Disorders:	Personality Disorders:	
breakdown in the integration of a person's consciousness, memory, identity and perception. <ul style="list-style-type: none">• Dissociative disorders (formerly Psychogenic Amnesia)• Dissociative Identity Disorder (formerly Multiple Personality Disorder)	a personality trait or coping mechanism which becomes inflexible and maladaptive causing impairment. <ul style="list-style-type: none">• Borderline Personality Disorder• Antisocial Personality Disorder• Passive-Aggressive Personality Disorder	

Documentation to Support the Diagnosis Should Be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report should include the following components:

1. a specific diagnosis
2. a description of current functional limitations in the academic environment as well as across other settings
3. relevant information regarding medications expected to be in use during test administration and the anticipated impact on the test taker in this setting
4. relevant information regarding current treatment
5. a specific request for accommodations with accompanying rationale

Historical Information, Diagnostic Interview, and/or Psychological Assessment

The information collected for the summary of the diagnostic interview should include, but is not limited to, the following:

- history of presenting symptoms
- duration and severity of the disorder
- relevant, developmental, historical, and familial data
- relevant medical and medication history, including the individual's current medication regimen compliance, side effects (if relevant), and response to medication
- a description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance)
- if relevant to test taking performance, a description of the expected progression or stability of the impact of the condition over time
- if relevant to test taking performance, information regarding kind of treatment and duration/consistency of the therapeutic relationship

Documentation Should Include a Specific Diagnosis

The report should include a specific diagnosis based on the *DSM-IV-TR* or *ICD-10* diagnostic criteria and include the specific diagnostic section in the report with a numerical and nominal diagnosis from *DSM-IV-TR* or *ICD-10*. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis. The evaluator should use definitive language in the diagnosis of a psychiatric disorder, avoiding such wording as "suggests," "has problems with," or "may have emotional problems."

Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

Alternative Diagnoses or Explanations Should Be Ruled Out

The evaluator should also investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disability.

Rationale for Requested Accommodations Should Be Provided

The evaluator should describe the degree of impact of the diagnosed psychiatric disorder on a specific major life activity, as well as the degree of impact on the individual. A link should be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated testing situation. Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the accommodation. A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations. Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators should provide specific rationales and justifications for the accommodation. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. If there is no prior history of accommodations, the evaluator and/or the test taker should include a detailed explanation of why accommodations were not needed in the past, and why they are now currently being requested. Psychoeducational, neuropsychological

or behavioral assessments are often necessary to support the need for testing accommodations based on the potential for psychiatric disorders to interfere with cognitive performance.

Multiple Diagnoses

Multiple diagnoses may require a variety of accommodations beyond those typically associated with only a single diagnosis, and therefore the documentation should adhere to WCC policy. For example, when accommodations are requested based on multiple diagnoses (e.g., a psychological disability with an accompanying learning disability), documentation should also comply with the WCC policy statements pertaining to the documentation of these specific disabilities. In such instances, an evaluator may want to consult with WCC's policies and guidelines for documentation.

Accommodations may include:

- Extended time for exams and quiet testing area for reduced distraction
- Notetakers, readers, or tape recorders in class
- Seating arrangements that enhance the learning experience of the student
- Incompletes or late withdrawals in place of course failures in the event of prolonged illness
- Assistance with time management and study skills
- Encouragement to use relaxation and stress reduction techniques during exams
- Flexibility in the attendance requirements in case of health related absences.

Disorders Can Impair/Hinder:

- Assignment deadlines
- Attending class
- Concentrating
- Daily living skills
- Dealing with social situations
- Financial aid
- Judgment/decision making
- Making and keeping appointments
- Parking in distant or specific locations
- Problem solving in new situations
- Registering for classes
- Studying/test taking

Other issues related to these disorders can include:

- Hospitalization, which can mean extended absences from class.
- Relapse of disorder, which can come very unexpectedly and cause great difficulty in course work.
- Psychiatric medication, which can have as many or more negative effects on learning and performance as the disorders themselves.

TRAUMATIC BRAIN INJURY/ACQUIRED HEAD INJURY

- An assessment (Neuropsychological Evaluation or equivalent testing) confirming the diagnosis of a brain injury.
- Documentation should typically be dated more than eighteen months post-injury. If an initial evaluation is presented, a post-eighteen month evaluation will be requested at the end of the

following semester or once the eighteen month milestone is reached. Post-eighteen month evaluations using testing instruments normed for children should be no more than three years old at the time of intake. Post-eighteen month evaluations using adult-normed testing instruments are considered current for a period of five years.

- A narrative summary of the cognitive and achievement measures and evaluation results, including standardized scores, used to make the diagnosis.
- A narrative summary of the current level of functioning, specifying present residual symptoms resulting in functional limitations.
- Medical information to be considered in a college environment, including medication needs and side effects, and personal care concerns.
- Suggestions of reasonable accommodations supported by the diagnosis.

***The following list includes a variety of measures for diagnosing ADHD and/or LD/ADHD. It is meant to be a helpful resource to evaluators but not a definitive or exhaustive listing.**

Rating Scales — Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data.

Selected examples include:

- Achenbach System for Empirically Based Assessment (ASEBA)
- ADD-H Comprehensive Teachers Rating Scale (ACTeRS)
- ADDES-Secondary Age
- ADHD Rating Scale-IV
- ADHD Symptom Checklist – 4 (ADHD-SC4)
- Attention-Deficit Disorders Evaluation Scale: Secondary-Age Student (ADDES-S)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI-II)
- Behavior Assessment System for Children-2 (BASC-2)
- Behavior Rating Inventory of Executive Functioning (child or adult version)
- Brown Attention-Deficit Disorders Scale
- Conners' Parent Rating Scale (age 3-17 years)
- Conners' Teacher Rating Scale (age 3 -17 years)
- Conners' Rating Scales-3 (Conners 3)
- Conners' Adult ADHD Rating Scales (CAARS)
- Conners' Comprehensive Behavior Rating Scales (Conners CBRS)
- Copeland Symptom Checklist for Adult Attention-Deficit Disorders (CSCAADD)
- Hamilton's Depression Rating Scale
- Wender Utah Rating Scale (WURS) and Parent's Rating Scale (PRS)

Observational Forms — primarily for children and teenagers in the classroom setting

Selected examples include:

- ADHD Direct Observation System
- ADHD School Observation Code
- BASC-2 Student Observation System
- CBC/Test Observation Form
- Child Behavior Checklist/Direct Observation Form
- School Hybrid Observation Code for Kids

Neuropsychological and psycho-educational testing — Cognitive and achievement profiles may suggest attention or information-processing deficits. No single test or subtest should be used as the sole basis for a diagnostic decision.

Selected examples include:

Tests of Intellectual Functioning

- Kaufman Adolescent and Adult Intelligence Test
- Reynolds Intellectual Assessment Scales (RIAS)
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – III (WAIS-III)
- Woodcock-Johnson – III Tests of Cognitive Ability

Attention, Memory, and Learning

- Attention Capacity Test (ACT)
- Brown Attention-Deficit Disorder Scale
- California Verbal Learning Test-Second Edition (CVLT-II)
- Conners' Continuous Performance Test (CPT)
- Detroit Test of Learning Aptitude – 4 (DTLA -4)
- Detroit Test of Learning Aptitude-Adult (DTLA-A)
- Gordon Diagnostic Systems (GDS)
- Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
- Kagan Matching Familiar Figure Test (KMFFT)
- Paced Auditory Serial Test (PASAT)
- Test of Everyday Attention for Children (TEA-Ch)
- Tests of Variable Attention Computer Program (TOVA)
- WAIS-III Working Memory Index
- Wechsler Memory Scales – III (WMS-III)

Executive Functioning

- BRIEF
- Delis-Kaplan Executive Function System
- Stroop Color and Word Test
- Trail Making Test Parts A and B
- Tower of London-Second Edition
- Wisconsin Card Sorting Test (WCST)

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test – II (WIAT-II)
- Woodcock-Johnson Psychoeducational Battery – III: Tests of Achievement

Supplemental achievement tests such as:

- Gray Oral Reading Test (GORT 4th Ed).
- Nelson-Denny Reading Test (with standard and extended time)
- Stanford Diagnostic Mathematics Test
- Test of Written Language – 3 (TOWL-3)
- Woodcock Reading Mastery Tests – Revised

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information. The Wide Range Achievement Test – 4 (WRAT-4) or the Nelson-Denny Reading Test are **not** a comprehensive measure of achievement and should not be used as the sole measure of achievement.