

# Application for Accommodations & Services

Please allow **at least two weeks** for Academic Affairs to review your application and supporting documentation. **Please note that your application cannot be reviewed until documentation is received.** General Documentation Guidelines are outlined below. After Academic Affairs has reviewed your application, you will be contacted via e-mail or by phone to notify you of the decision. Please contact your Educational Advisor if you have questions regarding the request for reasonable accommodations process.

## Section I: Student Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street & Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Local Address: \_\_\_\_\_  
(Street & Apt #) (City) (Zip)

Phone # (Cell): \_\_\_\_\_

Phone # (Permanent): \_\_\_\_\_

Touro E-mail Address (If Available): \_\_\_\_\_

Other E-mail Address: \_\_\_\_\_

## Section II: Programmatic Information

Touro University Worldwide, Program you are attending: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ First Semester at TUW: \_\_\_\_\_

Please briefly describe your program. Be sure to include information about fieldwork, classroom, clinical or laboratory components, comprehensive examinations, a thesis/dissertation, or other requirements that may be impacted by your disability or may need reasonable accommodations:

## Section III: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in University life.

### **1. Please indicate your disability category(ies). Check all that apply:**

- Learning Disability
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or mental illness)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Substance Abuse (Recovery)
- Traumatic Brain Injury
- Temporary Injury/Condition
- Undiagnosed Condition

- Other
  - Please describe: \_\_\_\_\_
  - Please specify: \_\_\_\_\_

**2. Specify the diagnosis or type of disability based on the category above:**

**3. Please identify what major life activity(ies) is affected by your condition(s):**

**4. What mitigating measures have you used to address your condition(s). Mitigating measures are any device, treatment or medication, assistive technology, reasonable accommodations, and/or compensatory strategy that reduce the impact of disability.**

**5. Please check all that apply:**

- I use a wheelchair.
- I use assistive mobility devices (braces, crutches, cane, or prosthesis).
- I wear a hearing aid.
- I need to read lips of instructors.
- I have difficulty reading the blackboard.
- I have difficulty taking notes in class.
- I have difficulty writing.
- I have difficulty standing for long periods of time.
- I tire easily when I walk distances.
- I have difficulty walking up/down stairs.
- Please describe any other mobility or disability related difficulties you are currently experiencing:

**6. Are you currently taking any medication related to your disability or medical condition?**

- Yes                      No    (check only one)

If yes, list all of the medications you are taking:

If yes, please also list any side-effects of the medications that you are taking and their positive and negative impact on your academic/cognitive abilities and/or other activities:

**7. Please check all of the reasonable accommodations that you are requesting:**

- Testing Accommodations
  - Please specify: \_\_\_\_\_
- Classroom Accommodations

- Please specify: \_\_\_\_\_
- Communication Accommodations
  - Please specify: \_\_\_\_\_
- Other Accommodations
  - Please specify: \_\_\_\_\_

**8. Briefly describe why you are requesting the above accommodations:**

**9. Please list any services/accommodations you received as an undergraduate or at any previously attended school:** (Please note that while such services do not necessarily carry over to your current program, the information is helpful to give Academic Affairs background information on your disability-related needs.)

Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received: \_\_\_\_\_

Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received: \_\_\_\_\_

## Section IV: Referral Information

**Please indicate how you heard about Touro University disability accommodation services:**

- |  |  |
|--|--|
| <input type="checkbox"/> Registrar             | <input type="checkbox"/> Friend or Family Member |
| <input type="checkbox"/> Academic Advisor/Dean | <input type="checkbox"/> Primary Care Provider   |
| <input type="checkbox"/> Admissions            | <input type="checkbox"/> Professor/ TA           |
| <input type="checkbox"/> Touro Website         | <input type="checkbox"/> Other: specify: _____   |
| <input type="checkbox"/> Self                  |  |

## Section V: Agency Information

**Do you receive services from any of the following agencies?**

- Vocational Rehabilitation Services
  - Specify State and Agency: \_\_\_\_\_
- Veterans Administration (VA)
- Other: \_\_\_\_\_

**If yes, please provide the following information:**

Counselor's name: \_\_\_\_\_

Office Address or Location: \_\_\_\_\_

Services currently receiving from Agency:

## Section VI: Professional Assessment of Mitigating Measures

In comparison with the average person in the general population, please have your medical or other licensed professional rate how your major life activity(ies) is affected by your condition(s) both with and without mitigating measures:

With Mitigating Measures

- Mild
- Moderate
- Substantial
- Severe

Without Mitigating Measures

- Mild
- Moderate
- Substantial
- Severe

\_\_\_\_\_  
Print Name of licensed professional providing this rating

\_\_\_\_\_  
Professional's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give Touro University Worldwide permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, Section 504 of Rehabilitation Act, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements. I certify that I have read and reviewed the description of the program and have been informed of the essential requirements. I further certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand that Touro University Worldwide may require me to undergo testing or evaluation by medical personnel retained by Touro University Worldwide for the purpose of establishing the existence and extent of my disability, illness, condition, or disease and my ability to meet essential academic functions and requirements with or without reasonable accommodation.

\_\_\_\_\_  
Signature of Requestor/Student\*

\_\_\_\_\_  
Date

\*Important Notes:

*Reasonable accommodations cannot be applied retroactively.*

*Provision of reasonable accommodations during our program is not a guarantee of successful graduation, licensure, certification or continued certification. Students must successfully satisfy program requirements and meet the program's rigors. Testing providers and licensing and certification agencies, boards and organizations have their own reasonable accommodation requirements. Reasonable accommodations, if any, received by the student at Touro University Worldwide are not binding on those providers, agencies, boards or organizations. The student is solely responsible to investigate, apply for and acquire accommodations with any necessary providers, agencies, boards or organizations. Touro University Worldwide hereby expressly disclaims any liability in such event those providers, agencies, boards or organizations do not grant the student accommodations – such risk is borne exclusively by student.*



## Medical Records Review Acknowledgement, Waiver and Consent

I, \_\_\_\_\_ (student), give Touro University Worldwide permission to contact \_\_\_\_\_ (health care provider) and have executed an Authorization to Release of Health Information.

I understand the reason for this contact is to advise Touro University Worldwide about my educational needs and functional abilities and limitations in relation to my educational goals and functions. I understand that the University may provide \_\_\_\_\_ (health care provider) with specific information about the program if requested, including the essential functions and specific requirements. I authorize Touro University Worldwide to discuss the program and my participation in it, including sharing my education record.

I understand that Touro University Worldwide may use experts or outside reviewers to review my records, I hereby consent to such additional disclosure. My Authorization to Release of Health Information shall be read to include these additional disclosures, if any.

I understand that Touro University Worldwide may share information concerning my disability with campus professionals (staff, professors, advisers, counselors, at the University those who have a legitimate educational interest) and to work with Academic Affairs to complete an Accommodation Plan to give to my professors and adviser and other appropriate campus officials.

I understand that Touro University Worldwide will circulate among my faculty and other relevant party's confidential information about my disability and about reasonable accommodations that might be made to facilitate my success only if I give my permission. I agree to the option I have initialed below:

\_\_\_\_ (initial) I GIVE PERMISSION to Touro University Worldwide to release information about my disability to faculty of courses in which I am enrolled and to other relevant parties.

\_\_\_\_ (initial) I DENY PERMISSION to Touro University Worldwide to release information about my disability.

I understand that my signature gives/denies Touro University Worldwide permission until I otherwise revoke such permission in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Authorization for Use or Disclosure of Health Information to Touro University Worldwide

Completion of this document authorizes the disclosure and/or use of health information, about you. Failure to provide *all* information requested may invalidate this Authorization.

### USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize \_\_\_\_\_ to release and exchange of information with and to:

***Touro University Worldwide***

***ATTN:***

Phone :

the following information:

A.

All health information pertaining to my medical history, mental or physical condition and treatment received [check additional boxes in Section B, as appropriate]

***OR***

Only the following records or types of health information (including any dates):

\_\_\_\_\_

B.

I specifically authorize release of the following information (check as appropriate):

Mental health treatment information and notes \_\_\_\_\_/Provider Signature

I specifically authorize the release of HIV/AIDS test results.

I authorize the release of information about drug and/or alcohol abuse, diagnosis or treatment (42 C.F.R. §§ 2.34 & 2.35)

PURPOSE OF DISCLOSURE

The purpose of requested use or disclosure is due to the request of the individual patient (i.e. student) and so that documentation can be provided and the patient’s request for reasonable accommodation considered and discussed with this necessary documentation.

EXPIRATION

This Authorization expires [insert date]: \_\_\_\_\_. If not date is listed than the authorization expires in one year from the date indicated below.

STUDENT’S RIGHTS

You may refuse to sign this Authorization. However, your refusal may have an impact on Touro University Worldwide’s ability to consider your reasonable accommodation request. You may inspect or obtain a copy of the health information that you are being asked to allow the use or disclosure of.

You may revoke this authorization at any time, but I must do so in writing to the address noted above. Your revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Authorization. You have a right to receive a copy of this authorization. Information disclosed pursuant to this authorization may be re-disclosed by the Touro University Worldwide in furtherance of its review of your reasonable accommodation request and, as such it may no longer be protected by Worldwide law and federal confidentiality law (HIPAA).

SIGNATURE

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Signature: \_\_\_\_\_  
(patient/representative/spouse/financially responsible party)

If signed by someone other than the patient, state your legal relationship to the patient:

\_\_\_\_\_

Witness: \_\_\_\_\_

*This Authorization is presented in 14 point type and covers disclosure of medical information by health care providers. Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. §164.508.*





## General Guidelines for Disability Documentation

Students diagnosed with physical and/or mental impairments qualify as persons with disabilities when their conditions substantially limit them in one or more major life activities. Touro University Worldwide provides reasonable accommodations to students with disabilities with consultation from their academic programs. Reasonable accommodations are adjustments to policies, practices, or procedures that facilitate equal access and opportunity for students with disabilities to the University's programs, activities and services. In order to ensure that students' needs are directly linked to these accommodations, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) allow higher education institutions to require disability documentation to verify disability status and the need for reasonable accommodations. We have established the following disability documentation guidelines:

Documentation must:

1. Be recent enough in order to assess the current impact on learning or a major life activity. Please see disability-specific guidelines for more information. Please note that students requesting accommodations due to a chronic medical condition must submit documentation dated within 6 months as well as annually updated documentation. In no event will documentation over three years old be considered.
2. Be sufficiently comprehensive to establish clear evidence of a substantial impact on one or more major life activities.
3. Be sufficient to establish a direct link between the underlying impairment and the requested accommodations.
4. Include a description of what mitigating measures the student has used and whether with such use the student may still require accommodation in order to access University programs, activities and services.
5. Be issued by a medical or other qualified, licensed professional, unrelated by birth, marriage or affinity to the student, typed on letterhead, dated, signed, and including the professional's licensing information. No information may be redacted. The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University.

Documentation also must include:

1. The student's history of receiving reasonable accommodations and academic adjustments, if such history exists.
2. Specific recommendations for accommodations as well as an explanation as to why each is recommended as necessary.

Please also note:

- Guidelines for documentation of disability types can be viewed beginning on p. 11 of this document. The student must bear any cost incurred in obtaining additional information. Please refer to specific documentation guidelines for each type of disability. If the original documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation(s), Academic Affairs has the discretion to require additional documentation.
- Students must complete the application process and submit disability documentation before they may receive accommodations and services. Academic Affairs reserves the right to deny services or reasonable accommodations while the receipt of appropriate documentation is pending.
- Documentation written in a language other than English must be translated and notarized.



## Guidelines for Documentation of Sensory Disabilities

Please refer to General Guidelines for Disability Documentation in addition to these specific guidelines for learning disabilities (see <https://www.tuw.edu/students/student-success-center/disability-services/>).

The following guidelines describe the necessary components of acceptable documentation for students with learning disabilities. Students are encouraged to provide their clinicians with a copy of these guidelines.

### Hearing

Students who are deaf or hard-of-hearing must provide documentation consisting of:

- An audiological evaluation and/or audiogram which should be dated within 6 months, particularly if the condition is subject to change
- A clinical summary of the functional implications of the diagnostic data
- A history of accommodations received in the past
- Recommendations for reasonable accommodations that address the student's functional impairments, with particular regard to communication devices and methods, such as sign-language interpreting services, assisted listening devices, C-Print, or CART services and a rationale in support of each recommendation

### Visual

Students requesting accommodations on the basis of low-vision or blindness must provide documentation consisting of:

- An ocular assessment or evaluation from an ophthalmologist, or a low-vision evaluation of residual visual function, where appropriate, which should be dated within 6 months, particularly if the condition is subject to change
- An assessment of functionally limiting manifestations of the vision disability
- A history of accommodations received in the past
- Recommendations for reasonable accommodations that address the student's functional impairments, with particular regard to assistive technology and alternative formats for print materials and a rationale in support of each recommendation



## Guidelines for Documentation of Learning Disabilities

Please refer to General Guidelines for Disability Documentation in addition to these specific guidelines for learning disabilities (see <https://www.tuw.edu/students/student-success-center/disability-services/> ).

The following guidelines describe the necessary components of acceptable documentation for students with learning disabilities. Students are encouraged to provide their clinicians with a copy of these guidelines.

1. Testing must be **current**: administered within the past three years. Although, learning disabilities are generally considered to be lifelong, because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the student's disabilities on his/her academic performance, it is necessary to provide current documentation.
2. Dates of testing must be included in the report.
3. Testing must be performed by a qualified evaluator who is unrelated to the student by birth, marriage or affinity: clinical or educational psychologists, neuropsychologists, learning disabilities specialists, or physicians known to specialize in learning disabilities. Information about their professional credentials, including licensing and certification, and their areas of specialization must be clearly listed in the report. The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University.
4. Testing must involve a comprehensive psychoeducational evaluation, and include a diagnostic interview and clinical summary.
5. The evaluation report must indicate the norm-reference group. For example, the report must specifically indicate how the student performs in relationship to the average person in the general population.
6. Relevant Testing:
  - Actual scores from all instruments must be provided with standard scores and percentile rank scores.
  - The most recent edition of each assessment instrument must be administered.

**The following areas must be addressed using standardized instruments (Note: some of the instruments may have updated versions/editions).**

**Aptitude:** The *Wechsler Adult Intelligence Scale IV (WAIS-IV)* with subtest scores is the preferred instrument. The *Woodcock-Johnson Psychoeducational Battery III: Tests of Cognitive Ability* or the *Stanford-Binet Intelligence Scale-IV* is acceptable. Brief versions or screening measures are not comprehensive, including the Kaufman Brief Intelligence Test and the Slosson Intelligence Test-Revised, are not accepted.

The WAIS-III may be accepted after January 1, 2010 under certain conditions. The report from your clinician must include a narrative justification for the use of the WAIS-III. This will be evaluated and taken into consideration in determining any reasonable accommodation request.

**Achievement:** Assessment of comprehensive academic achievement in the areas of reading (decoding and comprehension), mathematics (calculation and problem solving), oral language, and written expression (spelling, punctuation, capitalization, and writing samples) is required. The *Woodcock-Johnson Psycho-educational Battery III: Tests of Achievement* is the preferred instrument. The *Scholastic Abilities Test for Adults (SATA)* and the *Stanford Test of Academic Skills (TASK, Wechsler Individual Achievement Test - II (WIAT-II) or specific achievement tests such as)* are acceptable.

Please note:

- The *Wide Range Achievement Test 3 (WRAT-3)* is NOT a comprehensive measure of achievement and therefore should not be the only measure of overall achievement utilized.
- Multiple reading assessments must be provided in order to establish the need for audio/electronic text books as an accommodation or documenting a reading disability. The *Nelson-Denny Reading Test* form G or H, Gray Oral Reading Test (GORT- 4th Edition), Test of Word Reading Efficiency (TOWRE), and reading subtests of the Woodcock-Johnson Tests of Achievement are acceptable. If the impairment involves reading speed, the *NDRT* should be administered under both standard time and extended time conditions. Informal measures should be included as well.

**Cognitive and Information Processing:** Specific areas of cognitive and information processing must be assessed. These domains include, but are not limited to

- memory (i.e. visual and verbal acquisition, retrieval, retention, and recognition)
- processing speed and cognitive fluency (e.g. timed psychomotor or graphomotor tasks, decision and naming fluency)
- attention (e.g. visual and auditory spans of attention, scanning tasks, and vigilance assessment, including continuous performance tasks)
- sensory-perceptual functioning (e.g. high-level visual, auditory, and tactile tasks)
- executive functioning (e.g. planning, organization, prioritization, sequencing, self-monitoring)
- motor functioning (e.g. tests of dexterity and handedness)
- visual acuity and possible need for prescription eye glasses.

Use of the *Woodcock-Johnson Psychoeducational Battery III-Tests of Cognitive Ability* (Standard Battery-subtests 1-10) or subtests from the *Wechsler Adult Intelligence Scale IV (WAIS-IV)* are preferred. *California Verbal Learning Test (CVLT-II)*, *Detroit Test of Adult Learning Aptitude (DTLA-A)*, *Detroit Test of Learning Aptitude -3 (DTLA-3)*, *Halstead-Reitan Neuropsychological Test Battery*, *WAIS-IV Working Memory Index (WMS)*, *Wide Range Assessment of Memory and Learning - Second Edition (WRAML-2)*, *Wechsler Memory Scales — III (WMS-III)* are acceptable and should supplement the WJ-III.

7. A diagnosis as per the American Psychiatric Association's *Diagnostic and Statistical Manual – IVTR (DSM-IV-TR)* is required. Terms such as "learning problems," "learning differences," "weaknesses," etc., are not the equivalent of learning disability.
8. Testing must demonstrate that a learning disability currently and substantially limits a major life activity, and indicate how the student's current participation in courses, programs, services, or any other activity of the University may be affected with or without the use of mitigating measures. Towards this end, a diagnosis of a learning disability may not sufficiently demonstrate a need for accommodations.

Please also note:

- While a student's Individualized Educational Plan (IEP) may be submitted as evidence of past accommodations, it alone is not sufficient documentation. An IEP is the plan that the student's high school team developed to promote the student's academic success.
- For accommodation requests on the basis of Attention Deficit/ Hyperactivity Disorder, refer to the specific documentation guidelines for this disorder.



## Guidelines for Documentation of Psychiatric Disabilities

Please refer to General Guidelines for Disability Documentation in addition to these specific guidelines for psychiatric disabilities (see <https://www.tuw.edu/students/student-success-center/disability-services/>).

Documentation of psychiatric disabilities must include all of the following elements:

1. **The evaluation must be performed by a qualified individual:** The assessment must be provided by a licensed psychologist, psychiatrist, psychiatric nurse practitioner, or clinical social worker unrelated to the student by birth, marriage or affinity. An assessment from a general physician typically will not suffice. The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University.
2. **Currency of documentation:** Evaluations should be dated within 6 months of the date of the request for accommodation. Older evaluations will be considered if submitted with more recent supplemental documentation. In addition, documentation will need to be updated at the beginning of each academic year in order to assess up to-date accommodation needs. Touro University Worldwide reserves the right to adjust these timelines based on the nature of the student's disorder and request for accommodation.
3. **Current treatment and medications:** Documentation should include any counseling, specific therapies, current prescribed medications and any side-effects that would compromise academic functioning as well as the ameliorative effects of such treatments/medication.
4. **Specific diagnosis:** This should not merely refer to symptoms and should correspond to a specific diagnosis as per the American Psychiatric Association's *Diagnostic and Statistical Manual – IV (DSM-IV)*. Please note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations.
5. **Clinical Summary:** A narrative clinical summary must include the following:
  - A history of presenting symptoms, the current severity and expected duration of symptoms, a description of functional limitations and the impact of the disability on the student's current participation in courses, programs, services, or any other activities of the University and a basis for the opinion.
  - A detailed statement and explanation as to what major life activity(ies) is substantially limited by the student's condition(s) and a rating of the limitation, such as mild, moderate, substantial, or severe of each affected major life activity, both with and without the use of mitigating measures, such as treatment and medication.
  - Recommendations for academic or other accommodations, including a rationale for each.



## Guidelines for Documentation of Attention Deficit/Hyperactivity (ADHD) Disorder

Please refer to General Guidelines for Disability Documentation in addition to these specific guidelines for Attention Deficit/Hyperactivity Disorder (ADHD) (see <https://www.tuw.edu/students/student-success-center/disability-services/>).

Neuropsychological or psychoeducational assessments are needed to determine the current impact of the condition on the individual's academic functioning. Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g. procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or in-attendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment which substantially limits a major life activity.

The following guidelines describe the necessary components of acceptable documentation for students with ADHD. Students are encouraged to provide their clinicians with a copy of these guidelines.

- 1. The evaluation must be performed by a qualified individual:** Testing must be performed by a qualified evaluator who has had training in and direct experience with adults with ADHD and who is unrelated to the student by birth, marriage or affinity. Testing must be performed by a clinical or educational psychologists, neuropsychologists, or physicians known to specialize in adult ADHD. Information about their professional credentials, including licensing and certification, and their areas of specialization must be clearly listed in the report. The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University.
- 2. Currency of documentation:** Testing must be **current**, that is, administered within the past three years. Although ADHD is generally considered to be lifelong, because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the student's disabilities on his/her academic performance, it is necessary to provide current documentation. Updates should be provided when relevant changes in behavior or medication occur.
- 3. Diagnostic Interview:** The interview must include the following information, as well as evidence of third party confirmation of symptoms:
  - Evidence that the condition was exhibited in childhood in more than one setting (as per criteria in the American Psychiatric Association's *Diagnostic and Statistical Manual – IV TR (DSM-IV-TR)*). A history of the individual's presenting such symptoms and evidence of current impulsive/hyperactive or inattentive behaviors, as well as relevant medication history, must also be included.



#### 4. Relevant Testing:

- Actual scores from all instruments must be provided with standard scores and percentile rank scores.
- The most recent edition of each assessment instrument must be administered.
- The report must indicate the norm-reference group. For example, the report must specifically indicate how the student performs in relationship to the average person in the general population.

**The following areas must be addressed using standardized instruments (Note: some of the instruments may have updated versions/editions).**

**Aptitude:** The *Wechsler Adult Intelligence Scale IV (WAIS-IV)* with subtest scores is the preferred instrument. The *Woodcock-Johnson Psychoeducational Battery III: Tests of Cognitive Ability* or the *Stanford-Binet Intelligence Scale-IV* is acceptable. Brief versions or screening measures are not comprehensive (including the Kaufman Brief Intelligence Test and the Slosson Intelligence Test-Revised) and are not accepted.

**Please note:**

The WAIS-III may be accepted after January 1, 2010 under certain conditions. The report from your clinician must include a narrative justification for the use of the WAIS-III. This will be evaluated and taken into consideration in determining any reasonable accommodation request.

**Achievement:** Assessment of comprehensive academic achievement in the areas of reading (decoding and comprehension), mathematics (calculation and problem solving), oral language, and written expression (spelling, punctuation, capitalization, and writing samples) is required. The *Woodcock-Johnson Psycho-educational Battery III: Tests of Achievement* is the preferred instrument. The *Scholastic Abilities Test for Adults (SATA)* and the *Stanford Test of Academic Skills (TASK)*, *Wechsler Individual Achievement Test -II (WIAT-II)* or *specific achievement tests such as)* are acceptable.

**Please note:**

- The *Wide Range Achievement Test 3 (WRAT-3)* is NOT a comprehensive measure of achievement and therefore should not be the only measure of overall achievement utilized.
- Multiple reading assessments must be provided in order to establish the need for audio/electronic text books as an accommodation or documenting a reading disability. The *Nelson-Denny Reading Test (NDRT)* form G or H, *Gray Oral Reading Test (GORT- 4th Edition)*, *Test of Word Reading Efficiency (TOWRE)*, and reading subtests of the *Woodcock-Johnson Tests of Achievement* are acceptable. If the impairment involves reading speed, the *NDRT* should be administered under both standard time and extended time conditions. Informal measures should be included as well.

**Cognitive and Information Processing:** Specific areas of cognitive and information processing must be assessed. These domains include, but are not limited to:

- **Attention** (e.g. visual and auditory spans of attention, scanning tasks, and vigilance assessment, including continuous performance tasks). Examples of acceptable measures include, but are not limited to *Tests of Variable Attention (TOVA)* and the *Conners Continuous Performance Test (CPT)*
- **Memory** (i.e. visual and verbal acquisition, retrieval, retention, and recognition)
- **Processing speed and cognitive fluency** (e.g. timed psychomotor or graphomotor tasks, decision and naming fluency)
- **Sensory-perceptual functioning** (e.g. high-level visual, auditory, and tactile tasks)
- **Executive functioning** (e.g. planning, organization, prioritization, sequencing, self-monitoring) *Examples of acceptable measures include, but are not limited to 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).*

- **Motor functioning** (e.g. tests of dexterity and handedness)
- **Visual acuity** and possible need for prescription eye glasses.

Use of the *Woodcock-Johnson Psychoeducational Battery III-Tests of Cognitive Ability* (Standard Battery-subtests 1-10) or subtests from the *Wechsler Adult Intelligence Scale III (WAIS-IV)* are preferred. *California Verbal Learning Test (CVLT-II)*, *Detroit Test of Adult Learning Aptitude (DTLA-A)*, *Detroit Test of Learning Aptitude -3 (DTLA-3)*, *Halstead-Reitan Neuropsychological Test Battery*, *WAIS-IV Working Memory Index (WMS)*, *Wide Range Assessment of Memory and Learning - Second Edition (WRAML-2)*, *Wechsler Memory Scales — III (WMS-III)* are acceptable and should supplement the WJIII.

**Rating Scales:** Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment are useful in conjunction with other data, and are required. Examples of acceptable measures include, but are not limited to: *ADHD Rating Scale IV*, *Beck Depression Inventory (BAI)*, *Brown Attention-Deficit Disorders Scale*, *Conners' Rating Scales-3 (Conners 3)*, *Conners Adult ADHD Rating Scales – Self and observer forms (CAARS)*, *Attention Deficit Disorder Evaluation Scale (ADDES-3): Home and Self Report versions*, and the *Wender Utah Rating Scale (WURS)*.

5. **Specific diagnosis:** This should not merely refer to symptoms but should correspond to a specific diagnosis as per the American Psychiatric Association's *Diagnostic and Statistical Manual – IV TR (DSM-IV-TR)*. Based on the current predominant features, the appropriate sub-type should accompany the diagnosis.
6. **Clinical Summary:** A narrative clinical summary must include the following:
  - An indication that other possible causes of the presenting behavior have been ruled out
  - A statement indicating whether the student was taking medication at the time of the evaluation and how the results were affected
  - A description of functional limitations and the impact of the condition on the student's current participation in courses, programs, services, or any other activities of the University
  - A statement as to what major life activity(ies) is substantially limited by the student's condition(s) and a rating of the limitation, such as mild, moderate, substantial or severe of each affected major life activity, both with and without the use of mitigating measures, such as treatment and medication
  - Discussion of the student's use of medication and its ameliorative effects
  - Recommendations for academic or other accommodations, including a rationale for each, linked to specific test results.

Please also note that a clinical diagnosis of ADHD or related prescription of medication **does not** necessarily justify the provision of accommodations. Sufficient documentation must be provided to demonstrate that the student requires specific accommodations in the University setting, despite the use of mitigating measures.

**Students without a clinical diagnosis of ADHD who suspect that they are experiencing symptoms of ADHD should first see a clinician for a formal screening.**