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PHCC Guidelines for Documenting a Disability

Definitions of Terms

- **Disability** is defined as a physical or mental impairment that substantially limits one or more major life activities.
- **Major Life Activity** is defined as functions such as
 - caring for one's self
 - performing manual tasks
 - walking, standing sitting sleeping, eating
 - seeing, hearing, speaking
 - breathing, reaching, lifting, bending
 - learning, reading, concentrating, thinking
 - communicating, interacting with others
 - working
- **Substantially Limits** means when one is unable to perform a major life activity that the average person can perform; or when one is significantly restricted in the manner or duration under which one can perform a particular major life activity as compared to the average person.
- **Otherwise Academically Qualified** is defined as meeting the academic or technical standards for admission for participation in the education program or activity requested. PHCC uses multiple methods to determine whether a student is otherwise academically qualified, including the satisfactory completion of PHCC's Ability to Benefit policy, Virginia Placement Test (VPT) and/or multiple-measures policy, and/or demonstration of ability to benefit through the information present in a student's disability documentation.

General Guidelines for Professional Documentation

These general guidelines have been developed to assist students in working with their treating professional(s) to prepare the information needed by PHCC to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids requested. If after reading the guidelines you still have questions, please refer to the following section, "Documentation Guidelines by Disability Type." PHCC's documentation guidelines adhere to the recommendations of the Virginia Higher Education Guidelines for Documentation of Disability.

All documentation should adhere to the following guidelines:

1. The name, title and professional credentials of the evaluator, including information about licensure 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.
2. Documentation must be in narrative format. A diagnosis alone is typically not sufficient information to establish eligibility or provide accommodations.
3. The required currency of the qualifying documentation is determined by the disability type. Older documentation may be appropriate in certain situations if it is still relevant to the individual's situation and otherwise meets the guidelines outlined here. Examples of such situations include transfer students who have been continuously enrolled in college and have a history of receiving services and accommodations in a similar setting, and non-traditional aged college students whose documentation accurately describes their current ability to function academically. Periodic updates of documentation may be requested in situations where the etiology of the disability and the student's level of functioning may change significantly over a shorter period of time. See "Documentation Guidelines by Disability-Type" section for specific criteria.
4. A description of the current, substantial functional impact of the disability on major life activity(ies).
5. A description of the diagnostic tests, methods, and/or criteria used, the specific results of the diagnostic procedures, and when available, both summary and specific test scores.
6. Treatments, medications, and/or assistive devices/services currently prescribed or in use. Significant side effects that may impact physical, perceptual, behavioral or cognitive performance should also be noted.
7. A description of the expected progression or stability of the impact of the disability over time, particularly the next five years. This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable need for reevaluation.
8. The certified professional should recommend accommodations, including adaptive devices, assistive services, compensatory strategies, and/or collateral support services. Those recommendations that are congruent with the programs and services offered by PHCC will be given deference. When recommendations go beyond services and benefits that can be provided by the college they may be used to suggest potential referrals to local area services providers outside of the college.
9. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of a like accommodation. In addition, if no prior accommodation has been provided, the evaluator or appropriate professional must include an explanation as to why no accommodations were used in the past and why accommodations are needed now.

Documentation Guidelines by Disability Type

These specific guidelines have been developed to assist students in working with their treating professional(s) to prepare the information needed by PHCC disAbility Resources to verify eligibility based on a specific type of disability. PHCC's documentation guidelines adhere to the recommendations of the Virginia Higher Education Guidelines for Documentation of a Disability.

Criteria for Deaf/Hard of Hearing

- 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.

Criteria for Blind/Low Vision

- A diagnosis of visual impairment including acuity, prognosis, and prescription of correction and/or low vision aids.
- Documentation should be less than three years old. In cases where the visual 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 the loss of vision is progressive, 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.

Criteria for Psychological/Psychiatric Disorders

- A clear statement of the DSM-5 or ICD diagnosis, including pertinent history.
- Documentation should typically be less than one year old. Updated documentation may periodically be requested to determine current functioning.
- A narrative summary of the assessment procedures used to come to the diagnosis.
- A narrative summary of the current level of functioning, specifying present symptoms and fluctuating conditions/symptoms resulting in functional limitations.
- Medical information to be considered in a college environment, including medication needs and side effects.
- Suggestions of reasonable accommodations supported by the diagnosis.

Criteria for Attention Deficit/Attention Deficit Hyperactivity Disorders

- A clear statement of the DSM-5 or ICD diagnosis, including pertinent history. A Neuropsychological Evaluation is preferred.
- Documentation should typically be less than three years old. Updated documentation may periodically be requested to determine current functioning.
- A narrative summary of the assessment procedures used to come to the diagnosis. Assessment results should be included.
- A narrative summary of the current level of functioning, specifying present symptoms and fluctuating conditions/symptoms resulting in functional limitations.
- Medical information to be considered in a college environment, including medication needs and side effects.
- Suggestions of reasonable accommodations supported by the diagnosis.

Criteria for 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 must 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.

Criteria for Developmental Disabilities (including Autism Spectrum Disorders)

- A statement of DSM-5 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.

Criteria for Specific Learning Disabilities

- Documentation of a Specific Learning Disability should be no more than three 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 must 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 must conduct the evaluation. Qualified professionals generally include a clinical or educational psychologist, neuro-psychologist, and learning disabilities specialist. All reports must be typed, legible, signed by the qualified professional, and submitted on official letterhead.
- Tests used to determine eligibility must be technically sound and normed on the appropriate population. Actual test results must be included in the evaluation with all subtest and standard scores and percentiles listed as appropriate.
- Comprehensive testing that measures 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 are not sufficient to establish aptitude levels. The Wide Range Achievement Test and The Nelson Denny Reading Test are not 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 must be backed-up by testing data.
- IEPs and/or 504 Plans are not sufficient documentation to establish eligibility, but may be included.

Criteria for Speech Impairment

- A diagnosis of speech impairment including prognosis from a licensed speech/language clinician.
- Documentation should be less than three years old. In cases where the speech impairment is static (unchanging), an older assessment may be presented with a note from a speech/language clinician confirming that there have been no changes in functioning since the last assessment. If change in functioning is expected, 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 speech/language clinician of reasonable accommodations supported by the diagnosis are recommended.

Criteria for Chronic Medical Conditions

- In general, a diagnosis of a medical condition, including prognosis is required. If no specific diagnosis has been made, documentation must demonstrate that present medical symptoms substantially limit one or more major life activities.
- Documentation should be less than three 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.