

## Documentation Guidelines for TCU Students with Disabilities

### Psychological Disability

The University requires comprehensive documentation of the student's disability in order to fully evaluate requests for accommodations and to determine eligibility for services. Documentation should be presented to the Coordinator of Student Disabilities Services. Information concerning a student's disability is treated in a confidential manner in accordance with University policies as well as applicable state and federal laws. Appropriate University professional(s) shall review documentation to verify the existence of a disability and to determine appropriate accommodations. (Note: A list of appropriate psychological evaluations is given in the **APPENDIX** at the end of this document. This list is not meant to be comprehensive and additional evaluation instruments may be considered.)

- A. **Current Documentation** – Documentation must be current, within the past 6-12 months; (determination will be made on a case by case basis.)
- B. **Qualifications of Examiner**--Documentation must be completed by a licensed psychiatrist, psychologist, or other appropriately licensed practitioner. The examiner must be trained and qualified to make a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) and/or the International Classification of Diseases Manual Tenth Revision (ICD-10). Comprehensive training and direct experience with an adolescent and adult population is essential.
- C. **Report**--The information must be in a typewritten report on professional letterhead that bears the evaluator's name, license number, professional credentials, and signature. Additionally, include the evaluator's business card.
- D. **Diagnosis** – A complete *DSM-IV* or ICD-10 diagnosis must be provided with an accompanying description of the specific symptoms that the student experiences. This diagnosis should be based upon a comprehensive clinical interview and/or psychological testing (when testing is clinically appropriate). A comprehensive clinical interview should meet mental health service provider standards of care in length (50 min.) and focus (complete developmental, familial, psychological, medical history, and/or mental status exam).
- E. **Impact on Academic Functioning** – A complete description of the impact that the student's psychological symptoms have on his/her academic functioning must be

provided. Examples of areas impacted by the psychological disorder include study skills, classroom behavior, test taking, organizing, memory, concentration, processing speed, and research.

- F. **Recommendations for Academic Accommodations** – Recommendations for academic accommodations must be based upon both B and C above: diagnostic information and the psychological disorder's impact upon student functioning.

**In addition, the documentation should provide responses to the following questions:**  
*(Note: The student is encouraged to give this list of questions to the clinician providing the documentation.)*

1. Does the student have a diagnosable mental disorder and/or a certification of psychological disability? If so, what is the specific multi-axis *DSM-IV* classification? Please code on all 5 axes.
2. What were the assessment or evaluation procedures used to make the diagnosis?
3. Is there historical data that is pertinent to the disability (ex: familial or developmental)?
4. What major symptoms of the disorder does the student currently manifest and what is the level of severity?
5. If medications are currently prescribed for any diagnosis, does the individual experience any substantial side effects? Describe the treatments including counseling/therapy and/or medication(s). State type of medication, dosage, any adverse side effects, and the medication's current effectiveness.
6. What are the current functional limitations imposed by this disorder?
7. What is the current prognosis?
8. When did you last see/treat this individual? When is your next scheduled appointment?
9. How does the diagnosis impact the student in an educational setting (functional limitations)?
10. What recommendations do you have regarding accommodations and what is your rationale for each of the recommended accommodations?
11. Are there any indications that this student may have additional needs? Please describe pertinent characteristics and give an explanation for your reason to suspect this secondary diagnosis.

## APPENDIX

### Assessments for Psychological Disorders in Adolescents and Adults (From ETS Guidelines)

This appendix contains selected examples of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations. All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests should also be normed on relevant populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.

**1. Rating scales:** Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:

*Beck Anxiety Inventory*  
*Beck Depression Inventory-II*  
*Brief Psychiatric Rating Scale (BPRS)*  
*Burns Anxiety Inventory*  
*Burns Depression Inventory*  
*Hamilton Anxiety Rating Scale*  
*Hamilton Depression Rating Scale*  
*Inventory to Diagnose Depression*  
*Profile of Mood States (POMS)*  
*State-Trait Anxiety Inventory (STAI)*  
*Taylor Manifest Anxiety Scale*  
*Yale-Brown Obsessive-Compulsive Scale*

**2. Neuropsychological and psychoeducational testing:** Aptitude/cognitive ability, achievement and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:

#### **Aptitude/Cognitive Ability**

*Kaufman Adolescent and Adult Intelligence Test*  
*Stanford-Binet, Fourth Edition*  
*Wechsler Adult Intelligence Scale-III (WAIS-III)*  
*Woodcock-Johnson-III - Tests of Cognitive Abilities*

## **Academic Achievement**

*Scholastic Abilities Test for Adults (SATA)*

*Stanford Test of Academic Skills (TASK)*

*Wechsler Individual Achievement Test-II (WIAT-II) with reading rate*

*Woodcock-Johnson-III - Tests of Achievement*

\*Specific achievement tests, such as

*Nelson-Denny Reading Test*

*Stanford Diagnostic Mathematics Test*

*Stanford Diagnostic Reading Test*

*Test of Written Language-3 (TOWL-3)*

*Woodcock Reading Mastery Tests-Revised*

## **Information Processing**

*California Verbal Learning Test-II*

*Category Test*

*Continuous Performance Test*

*Detroit Tests of Learning Aptitude-Adult (DTLA-A)*

*Detroit Tests of Learning Aptitude-3 (DTLA-3)*

*Halstead-Reitan Neuropsychological Test Battery*

*Rey-Osterrieth Complex Figure Test*

*Stroop Interference Test*

*Trail Making Test*

*Wechsler Memory Scale III (WMS-III)*

*Wisconsin Card Sorting Test*

Information from subtests on the *WAIS-III* or *Woodcock-Johnson-III - Tests of Cognitive Abilities*, as well as other relevant instruments, may be useful when interpreted within a context of other diagnostic information.

### **3. Personality tests (may include, but are not limited to, the following):**

*Millon Adolescent Personality Inventory (MAPI)*

*Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)*

*Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)*

*Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*

*NEO Personality Inventory-Revised (NEO-PI-R)*

*Personality Assessment Inventory (PAI)*

*Sixteen Personality Factor Questionnaire (16PF)*

*Thematic Apperception Test (TAT)*