

Texas Christian University

Disabilities Services
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Documentation Guidelines for TCU Students with Disabilities

Head Injury/Traumatic Brain Injury

Head injury or traumatic brain injury is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorders are practitioners who have been trained in the assessment of head injury or traumatic brain injury. Recommended practitioners include: physicians, psychiatrists, neurologists, psychologists, and neuropsychologists. The diagnostician must be an impartial individual who is not related to the student.

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 Disabilities Services Office. 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. Should accommodations be authorized, they are not retroactive. They take effect upon delivery to and after conferencing with the student's professor(s).

(From ETS Guidelines)

Documentation of this complex condition may be medically, psychologically, academically, and/or vocationally oriented. Results of all tests used to evaluate the individual with a TBI should be included if relevant. Typically, TBI documentation is based on a comprehensive diagnostic protocol that includes objective as well as subjective data and adheres to the guidelines outlined in this document. The diagnostic report should include the following eight components:

1. Documentation must be current, with the past 6 months.
2. Specific diagnosis or diagnoses in accordance with the latest versions of the DSM or ICD;
3. Description of current as well as residual symptoms, including their frequency, intensity, and duration in the testing environment as well as across other settings (e.g., high school, college, daily life activities);
4. Detailed medical information in narrative form relating to the individual's current needs, including the effects of medications or current treatment approaches;
5. A narrative discussion of all relevant information, including results of standardized assessment measures, if applicable;

6. Relevant information regarding the student's prescribed use of medications;
7. Rationale for **each** accommodation should be included; and
8. **Multiple Diagnoses**- Multiple diagnoses may require a variety of accommodations beyond those typically associated with the impact of a single diagnosis. If the accommodations requested cannot be supported by the current evaluation and multiple diagnoses are suspected, the evaluator should recommend/refer the individual to another qualified professional for additional testing.

In most cases, a neuropsychological or psychoeducational evaluation will be useful in clarifying the functional impact of the diagnosed disability and in supporting the underlying rationale for academic accommodations. Please see Appendix, "Assessment Tools for Post-Concussive Syndrome." If the brain injury primarily affects sensory and/or motor functioning, a neuropsychological or psychoeducational evaluation may not be necessary. In these cases, documentation from a professional such as a neurologist, optometrist, or occupational therapist may be sufficient. The following section provides more detailed information regarding historical and diagnostic information that may be helpful to evaluators.

A. Historical Information, Diagnostic Interview, and Psychological Assessment

Behavioral observations, combined with the clinician's professional judgment and expertise, are often critical in helping to formulate a diagnostic impression. The evaluator should specifically indicate behaviors that are likely to impact the student's performance academically. This section of the diagnostic report should include the following:

- History of presenting symptoms, including date and cause of injury and date of release from hospitalization, if applicable
- Severity of symptoms and evidence of current impairment
- Relevant medical and medication history, including the individual's current medication regimen and adherence, side effects (if relevant), and positive and negative responses to medication as reported by the candidate
- Co-existing conditions, if any
- Results of neuropsychological or psychoeducational assessment, where applicable

B. Documentation Should Typically Address the Following Areas of Cognitive and Information Processing Domains:

- **Memory** — the ability to store information for recall, as well as long-term storage and retrieval of previously acquired knowledge
- **Attention** — the ability to focus and maintain concentration on relevant information and shift appropriately in support of other "higher" cognitive operations
- **Speed of thinking/processing** — how long it takes the individual to process information compared to peers
- **Communication/language** — writing, reading, speaking, and/or listening abilities, as well as any pragmatic communication issues such as interrupting others, talking out of turn, dominating discussions, or speaking too loudly or in a manner perceived as rude
- **Spatial reasoning** — ability to recognize shapes of objects, judge distances accurately, read a map, visualize images, or comprehend mechanical relationships
- **Conceptualization** — ability to categorize, sequence, abstractly classify, or generalize information

- **Executive functioning** — ability to engage in goal setting, plan, work flexibly toward a desired outcome, and monitor one's own performance
- **Psycho-social behaviors** — although these are generally not directly related to test taking, it may be helpful to evaluate any issues such as depression, withdrawal, cognitive inflexibility, denial, irritability, lowered frustration tolerance, restlessness, anxiety, poor social judgment, apathy, fatigue, or decreased awareness of personal hygiene
- **Motor, sensory, or physical abilities** — includes sensory and perceptual deficits and limitations in coordination and mobility

C. Documentation Should Typically Address the Following Areas of Aptitude/Cognitive Ability:

- A valid intellectual assessment with all subtests and standard scores. Brief forms of such assessments (e.g., KBIT 2, WASI) are not acceptable for initial documentation, but in some cases may be suitable for a documentation update. Determination will be made on an individualized basis.

D. Documentation Should Typically Address the Following Measurement of Academic Achievement:

- A comprehensive academic achievement battery must assess basic and higher order skills of reading (sight vocabulary, decoding, sentence and text comprehension), writing (spelling, grammar, ideation), verbal expression, and math (calculation and reasoning), as well as fluency (timed performance) in these academic areas.

Appendix: Assessment Tools for Post-Concussive Syndrome

- Acute Concussion Evaluation Test
- Automated Neuropsychological Assessment Metrics (ANAM)
- Balance Error Scoring System (BESS)
- British Columbia Post-concussion Symptom Inventory (BC-PSI)
- Concussion Resolution Index
- Concussion Symptom Inventory
- Graded Symptom Checklist (GSC)
- ImPACT (Immediate Post-concussion Assessment and Cognitive Testing)
- Military Acute Concussion Evaluation (MACE)
- Post-Concussion Symptom Scale (PCSS)
- Rivermead Post Concussion Symptoms Questionnaire (RPQ)
- SCAT-3 (Sports Concussion Assessment Tool-3)
- Swedish Post-concussion Symptoms Questionnaire
- VA Traumatic Brain Injury Screening Tool

The above information should be provided in a typewritten report on professional letterhead and should bear the evaluator's name, license number, professional credentials, and signature. Additionally, the evaluator's business card should be included.