Learning Disabilities (LD) are a group of disorders manifested by significant difficulties in the acquisition and use of listening, spelling, reading, writing, reasoning, or mathematical ability, including dyslexia. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. In addition, problems in organization skill, self-regulatory behaviors, and social skills may be evident. A learning disability is not the result of the following: mental illness; visual, hearing, or motor impairments; mental retardation; emotional or psychological disturbance; environmental, cultural or economic disadvantage.

- TCU requires documentation to evaluate your request and to determine eligibility for accommodations and/or services.
- Please present your documentation to the Coordinator of Student Disabilities Services or her designee in the Disabilities Services office. Documentation shall be reviewed by appropriate University professionals to verify the existence of a disability and to determine the need for appropriate accommodations. Should accommodations be authorized they are not retroactive. They take effect upon delivery of accommodation letters to and after conferencing with the student’s professor(s).
- Documentation must be presented in a typewritten report on professional letterhead that bears the evaluator's name, title, license number, professional credentials, and signature. Additionally, the evaluator’s business card should be included.
- 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.

Documentation requirements for Learning Disabilities (LD) include, but are not limited to, the following:

I. A qualified professional must conduct the evaluation.

   o Professionals conducting assessments and rendering a diagnosis of a specific learning disability must be qualified to do so. Comprehensive training in the differential diagnosis of specific learning disabilities and direct experience in diagnosis and treatment of adolescents and adults with specific learning disabilities is necessary. Professionals who are qualified to evaluate for a specific learning disability include neuropsychologists, clinical or educational psychologists, school psychologists, neurophysiologists, and learning disabilities specialists who have training and
experience in the assessment of learning problems in adolescents and/or adults. (Note: It is not appropriate for professionals to evaluate family members.)

- The name, title, signature, and professional credentials of the evaluator (including information about license and/or certification) must be included. Additionally, the evaluator’s business card should be attached.

II. Testing must be current.

- Comprehensive testing must be conducted within the last five years.
- Although a learning disability is typically viewed as life-long, the severity and functional limitations may change over time. TCU assesses current impact on academic performance to determine the need for reasonable accommodations and services.

III. Records of academic history should be provided. (Self report alone is not sufficient.)

- A high school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself. However, in addition to a current comprehensive assessment, it can be helpful in determining reasonable accommodations and services. Please provide a copy of previous evaluations, IEPs, or 504 plans.
- Letters verifying accommodations on the SAT or ACT should be included.

IV. The documentation must substantiate the specific learning disability diagnosis.

- A complete and current Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis must be provided with an accompanying description of the specific symptoms the student experiences.
- This diagnosis must be based on psycho-educational testing and a comprehensive clinical interview.
- A comprehensive clinical interview which meets mental health service provider standards of care in length (50 min.) and focus (complete developmental, familial, psychological, social, and medical history, and mental status exam) is required.
- Documentation should explain how symptoms have manifested across various settings over time, how the student has coped, and what success the student has had in their coping efforts.
- Discussion of steps taken to rule out other disorders with similar presenting characteristics.
- The documentation should include: a summary of a diagnostic/clinical interview, assessment of the major domains of cognitive and academic functioning, a list of tests administered including all standard scores, expert interpretation of the results, a clear diagnosis and statement of disability, discussion of the functional limitations and academic functioning levels, and recommendations. Areas of weakness identified in prior evaluations must be thoroughly explored in the current evaluation.
V. Significant functional limitations of the disability must be identified.

- Based on the most current DSM criteria, the documentation must substantiate that the disability **significantly limits cognitive or academic functioning**.

VI. Each recommended accommodation must include a rationale.

- Recommended accommodations must be relevant to a University setting with **supporting rationale**.
- Accommodations are **not** granted on the basis of a diagnostic label.
- Each requested accommodation must be linked to evidence of current functional impairment that supports its use.
- Recommendations must be based on assessments of aptitude, academic achievement, and cognitive and information processing (see VII: B, C, and D below.)
- A prior history of accommodations **without demonstration of a current need** does not in itself warrant the provision of like accommodations.

VII. As explained below, the comprehensive report should include (A) the diagnostic interview, (B) assessment of aptitude/cognitive ability, (C) measurement of academic achievement, and (D) investigation of cognitive and information processing.

A. Diagnostic interview

- **Relevant historical information** regarding the student’s academic history and learning processes in elementary, secondary, and postsecondary education
- **Observational data**, gathered during the evaluation, of behavior such as affect, concentration, mental fatigue, executive functioning, and fluency
- **Description of psycho-active medication in use at the time of the evaluation**, including its effect
- **Summary of previous testing completed by other clinicians**
- **Restatement of prior diagnosis**, including dates and data used to establish diagnosis. (Evidence must be more than a self-report.)
- **Summary of reports** such as individual self-report, family report, interviews
- **Developmental history**
- **Current or relevant medical history**
- **Exclusion** of the following as the primary disabling condition:
  - Intellectual disability according to DSM standards
  - Attention disorder
  - Visual impairment
  - Deafness or hearing impairment
  - Physical or systemic impairment (that interferes with accurate test results)
  - Emotional disorder
  - Poor educational background or lack of opportunity to learn
  - Cultural differences or lack of experience with the English language
B. **Assessment of aptitude/cognitive ability:** A minimum of one 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.

C. **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.

D. **Areas of cognitive and information processing:** Based upon the nature of the referral, the applicant's clinical presentation, and prior test results, evaluators should investigate realms of cognitive and information processing by conducting two processing tests. These domains include, but are not limited to

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

**APPENDIX**

Suggested assessments of VII (B) aptitude/cognitive ability, (C) achievement and (D) cognitive and information processing.

**(B) Aptitude assessments:**
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – IV (WAIS-IV)
- Woodcock-Johnson – III Tests of Cognitive Abilities Normative Update (NU)

**(C) Achievement measurements:**
- Kaufman Test of Educational Achievement, Second Edition (for students <25)
• Wechsler Individual Achievement Test – III (WIAT-III)
• Woodcock-Johnson– III Tests of Achievement: Normative Update (NU)

*Supplemental achievement tests such as:

• Gray Oral Reading Test-V (GORT 5th Ed).
• Nelson-Denny Reading Test (with standard and extended time)
• Stanford Diagnostic Mathematics Test- Fourth Edition
• Test of Written Language – 4 (TOWL-4)
• Woodcock Reading Mastery Tests – Revised Normative Update

(D) Processing assessments:

• Attentional Capacity Test (ACT)
• Brown Attention-Deficit Disorder Scales
• California Verbal Learning Test-Second Edition (CVLT-II)
• Conners’ Continuous Performance Test (CPT-II Version 5)
• Gordon Diagnostic System (GDS)
• Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
• Kagan Matching Familiar Figure Test (KMFFT) Adult Form
• Paced Auditory Serial Addition Test (PASAT)
• Tests of Variable Attention (TOVA)
• Wechsler Memory Scales – IV (WMS-IV)
• Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A)
• Delis-Kaplan Executive Function System (D-KEFS)
• Stroop Color and Word Test
• Trail Making Test Parts A and B
• Tower of London-Second Edition- Adult Version
• Wisconsin Card Sorting Test (WCST)

*Please note: Specific supplemental 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.