

Guidelines for Documentation of Learning Disabilities

A learning disability is a disorder which affects the manner in which individuals with average or above average intelligence take in, retain, and express information. It is commonly recognized as a significant deficit in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, or problem solving.

Professionals recommended to provide documentation include trained, certified, and licensed clinical psychologists, school psychologists, neuropsychologists, learning disabilities specialists, and other professionals with training and experience relevant to adults and their evaluation.

Please note that Individualized Education Programs (IEPs) or 504 Plans alone are not sufficient documentation. However, they may provide useful information about services previously provided to the student, and therefore may be submitted with the comprehensive report.

Documentation adequate to establish eligibility for services ***must*** include:

- ❖ Clear identification of a learning disability, supported by specific evidence obtained from a psychoeducational evaluation. Whenever possible, use the current DSM to diagnose a learning disability. Documentation that names only “learning styles,” “learning differences,” or “learning difficulties,” do not demonstrate the existence of a disability.
- ❖ Comprehensive testing that addresses at least three of the following:

Aptitude: The **Wechsler Adult Intelligence Scale (WAIS)** with subtest scores is the preferred instrument.

Achievement: Current levels of functioning in reading, mathematics, and oral and written language are required. The **Woodcock-Johnson III: Tests of Achievement**, Standard and Extended Batteries, is preferred.

Information Processing: Specific areas of information processing (e.g. short- and long-term memory, sequential memory, auditory and visual perception/processing, processing speed) must be assessed. Information from subtests on the WAIS or the Woodcock-Johnson: Tests of Cognitive Ability may be used to address these areas.

- ❖ Standard scores, percentiles and grade equivalents for all tests administered.
- ❖ A narrative interpretation of all test results.
- ❖ A summary of a comprehensive diagnostic interview, to include a description of the presenting problem, the student’s developmental, educational, medical histories as relevant, and a discussion of dual diagnosis where indicated.

- ❖ The rationale for any recommended academic adjustments and/or auxiliary aids, using test **data to support the need.**

Supplemental Information for Documentation of Learning Disabilities

- ❖ ***Aptitude:*** Other acceptable instruments include the Woodcock-Johnson III: Tests of Cognitive Ability or the Stanford-Binet Intelligence Scale: Fourth Edition. ***The Kaufman Brief Intelligence Test is not a comprehensive measure and therefore is not suitable.***
- ❖ ***Achievement:*** Other acceptable instruments include the Wechsler Individual Achievement Test (WIAT), the Stanford Test of Academic Skills (TASK), the Scholastic Abilities Test for Adults (SATA), or a combination of specific achievement tests such as the Nelson-Denny Reading Skills Test, Woodcock Reading Mastery Tests–Revised, Stanford Diagnostic Math Test, or Test of Written Language-3 (TOWL-3). The Wide Range Achievement Test-3 (WRAT-3) and the Mini-Battery of Achievement (MBA) are *not* comprehensive measures of achievement and therefore are not suitable.
- ❖ ***Information Processing:*** Other instruments relevant to the learning problems (i.e. Halsted-Reitan, Wisconsin Card Sort) may be used to address short- and long-term memory, visual perception, processing speed, etc. If the individual has memory/word retrieval problems, instruments such as the Wechsler Memory Scale-III, the Boston Naming Test, or the Test of Adolescent/Adult Word Finding are recommended.