Disability and Access
Guidelines for Documenting Learning Disabilities

Students seeking support services from Disability and Access (D&A) on the basis of a previously diagnosed learning disorder (LD) must submit documentation that verifies their eligibility under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and the ADA Amendments Act. The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities. Merely submitting evidence of a diagnosis, and/or a discrepancy between ability and achievement on the basis of a single subtest score is not sufficient to warrant academic accommodations. Similarly, nonspecific diagnoses, such as individual “learning styles,” “learning differences,” “academic problems,” and “test difficulty/anxiety” in and of themselves do not constitute a disability. The guidelines below are intended to provide guidance for the assessment process, including the areas that must be assessed in order for D&A staff to make appropriate decisions. Examples of specific tests that may be used within each area are available upon request. Please do not hesitate to contact D&A at (512) 471-6259 if you have any questions.

Students submitting documentation of a learning disorder must provide a copy of the comprehensive psychoeducational report in order for the student to be eligible for accommodations and/or modifications. Such documentation should include:

1. **DSM-5 or ICD Diagnosis (text and code)** and information concerning comorbidity. There must be clear and specific evidence of a learning disability.

   Testing should be current. Accommodations are based on the current nature and impact of your disability. In general, this means that testing must have been conducted within the last five years prior to your request for accommodations.

2. **Evaluation**: Testing must be comprehensive. Objective evidence of a substantial limitation in cognition and learning must be provided. Minimally, the domains to be addressed must include, but are not limited to:

   a. **A diagnostic interview** – include relevant background information in support of the diagnosis. This may include a self-report of limitations and difficulties, a history of the presenting problem(s), a developmental history, academic history, including summaries of previous evaluation results and reports of classroom behavior and performance, a history of the family’s learning difficulties and primary language spoken in the home, any pertinent medical and psychological history, a discussion of possible comorbid conditions.

   b. **A complete psychoeducational or neuropsychological evaluation** – actual test scores must be provided; standard scores are preferred. It is not acceptable to administer only one test or to base the diagnosis on only one of several subtests. Individualized Education Plans (IEPs) in and of themselves are not sufficient.
documentation. The assessment instruments used must be reliable, valid, and standardized for diagnosing LD in an adult population. The following areas are generally assessed:

- **Aptitude** – intellectual assessments
- **Achievement** - current levels of academic functioning in relevant areas such as reading, mathematics, oral and written language
- **Information Processing** - specific areas of information processing (e.g. short and long term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning, motor ability).

3. **Functional Limitations**: The testing report should clearly detail how the individual’s disabling condition affects a major life activity and the resultant functional limitations in the academic setting. This may include information on the severity and pervasiveness of the disorder. The evaluator should also specify how the test results relate to the individual’s functioning.

   *Functional limitations should be determined WITHOUT consideration of mitigating measures (i.e. medication, etc.). If condition is episodic in nature, level of functioning should be assessed based on active phase of symptoms.*

4. **Accommodations**: The documentation should include a history of current and past accommodations and whether or not they were useful. Recommendations for future accommodations and services are helpful and should be included. However, the determination of whether an accommodation is reasonable and appropriate within the University environment rests with Disability and Access.

The diagnostic report must be on letterhead, typed, dated, and signed, and otherwise legible. The **name, title, and professional credentials** of the evaluator, including information about license or certification as well as area of specialization, employment, and state in which the individual practices must be clearly stated. Use of diagnostic terminology indicating a specific disability by someone whose training and experience are not in these fields is not acceptable. Evaluators should not be related to the individual being assessed. Diagnoses written on prescription pads and/or parent’s notes indicating a disability are NOT considered appropriate documentation.

**General Guidelines for all Disabilities**

It is important to recognize that accommodation needs can change over time and are not always identified during the initial diagnostic process. A prior history of accommodation, without demonstration of current need, does not in and of itself warrant provision of a like accommodation. D&A will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the individual. In addition to documentation as described above, transfer students should provide written verification of accommodations received (and dates served) from the previously attended school(s).
All documentation submitted to D&A is considered confidential.

Documentation should be sent to the following address:

The University of Texas at Austin
Division of Campus and Community Engagement
Disability and Access
100 W. Dean Keeton St. Stop A4100
Austin, Texas 78712-1093
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