Queen’s University

Documentation Requirements for Students with Learning Disabilities

The following outlines the specific type and format of documentation that students with learning disabilities (LD) must submit in support of their request for academic accommodation. This documentation is essential to advisors as they work with the student in designing an appropriate accommodation plan that is responsive, individualized and equitable.

Information for Students and Parents

- Queen’s University accepts complete reports of psycho-educational or neuro-psychological assessments that have been completed no more than three (3) years before coming to Queen’s

- Assessment reports should be prepared by one of the following qualified professionals:
  - Clinical or educational psychologist
  - School psychologist
  - Neuropsychologist
  - Physician with training in assessing learning problems in adolescents and adults

- Assessment reports should include the following information about the assessing professional:
  - Name & Title
  - Professional credentials, including licensing information
  - Area of specialization
  - Employment and the province in which the assessor practices
  - Date of Report and Signature

- Assessors must explicitly state the student is diagnosed with a learning disability. Non-specific wording such as “slow reading speed, test difficulty/anxiety” do not constitute diagnosis of a learning disability

- The report must include specific evidence that the student’s current symptoms substantially impairs specific learning functions

- Having an Individualized Education Plan (IEP) in high school does not guarantee access to academic accommodations at university

- Advisors approve recommended accommodations that are supported by a clear rationale and by the data/evidence contained in the assessment report

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1 Assessments completed after 18 years of age but are 3 years or older will be assessed on a case-by-case basis.

Disability Services Office
Health, Counselling & Disability Services
Queen’s University
146 Stuart Street, LaSalle Building
Kingston, ON K7L 3N6
hcds.dso@queensu.ca, www.queensu.ca/hcds/ds
Information for the Assessor

Diagnosing a Learning Disability (LD)

Learning disabilities are lifelong, neurodevelopmental disorders commonly manifested during childhood (though not always formally diagnosed). Diagnosis of a specific LD requires evidence of a significant impairment in some area of academic achievement relative to other students of the same age. Further, it must be demonstrated how processing deficits are conceptually linked to the academic achievement delay.

Advisors look for the following information in learning disability assessment reports:

- Description of presenting problem(s)
- Developmental history
- Relevant medical history, including absence of medical or psychiatric basis for present symptoms
- Academic history including results of any prior standardized testing, classroom performance reports, grades and, if applicable, prior performance on standardized testing (e.g., LSAT, MCAT, Bar exams, etc.)
- Relevant family history, including primary language of the home and student’s current level of fluency of English
- Psychosocial history
- Relevant employment history and driving record, if applicable
- Where applicable, consideration of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders
- Historical and/or current medication use that may impact on the student’s learning
- Where applicable, indication of major life activities that may have impacted on the student’s learning

Reports must include actual test scores and/or percentiles for all standardized instruments administered during the assessment. Grade equivalents must be accompanied by standard scores and/or percentiles based on age-relevant norms.

A clinically-interpretative summary forms an important part of the report and details the following:

- Confirms that alternative explanations for academic problems were ruled out such as psychological, attention or motivational problems
- Specifies how patterns in cognitive ability, achievement, information processing were used to determine the presence of a learning disability
- Specifies the limitation on learning caused by the learning disability and the degree to which the learning disability effects the student in the university context
- Recommends accommodations that are supported with the data and specifies how the learning disability will be mediated by the accommodation
Key Points to Consider:

1. Many individuals produce below-average scores on one or more subtests of common psychological tests. Furthermore, the likelihood of obtaining a below-average score increases with the number of tests administered. In light of this, having a few subtest scores below average is not in and of itself indicative of a disability.

2. According to the Learning Disability Association of Ontario, “impairment only becomes disabling when it interferes substantially with an individual’s ability to carry out a regular or routine task that relies on the use of skills or knowledge in that area” (LDAO, supporting documentation, page 7). Therefore, evidence of “unexpectedly low” academic achievement, and not just in specific areas of deficit (e.g., “processing speed” or “working memory”) is essential in demonstrating the need for academic accommodations.

3. The documentation must contain a clear, specific diagnostic statement. If a learning disability is not present, this must be stated. Nonspecific diagnostic statements referring to “individual learning styles”, “learning differences” or “academic difficulties” or using terms such as “indicates” or “suggests” do not constitute diagnosis of a learning disability.

4. Recommended accommodations must be supported by a clear rationale and consistent with specific functional limitations identified through the assessment process. Wherever possible, they should be logically linked to specific tests and/or clinical observations. In light of the competitive nature of the academic environment in which the student is participating, a history of prior accommodation or stating that accommodations are needed to improve academic performance will not warrant the approval of academic accommodations.

Assessment

Reports must detail assessment of the following domains:

1. **Aptitude/Cognitive Ability**
   Complete intellectual assessment with all subtests and score, using age-appropriate measures

2. **Academic Achievement**
   Comprehensive academic achievement battery, with all subtests and standards scores reported, including current level of functioning in reading (decoding and comprehension), mathematics and oral and written language, as appropriate

3. **Information Processing**
   Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory, visual perception/processing, processing speed, phonological processing, executive functioning and motor ability) must be assessed. The logical relationship between the identified areas of academic impairment and the deficient information-processing skills should be evident.

4. **Other Assessment Measures**
   May be administered to rule in or out a learning disability to differentiate it from co-existing neurological and/or psychiatric disorders.

5. **Informal Observations**
   Informal observations of the student during the assessment process can be useful, including the assessor’s opinions about impact of the student’s effort on reliability of the test scores.
Tests for Assessing Learning Disabilities in Adolescents and Adults

Tests selected for the assessment should be reliable, valid and standardized on an appropriate age-based normative groups where available.

The following list is provided as a helpful resource but it is not intended to be definitive or exhaustive.

Tests of Intellectual Functioning

- Kaufman Adolescent and Adult Intelligence Test
- Reynolds Intellectual Assessment Scales (RIAS)
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale - IV (WAIS-IV)
- Woodcock-Johnson - III Tests of Cognitive Ability

The Slosson Intelligence Test-Revised and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodations decisions.

Phonological/Decoding skills

- Test of Word Reading Efficiency (TOWRE)
- Test of Phonological Awareness (TOPA)
- Comprehensive Test of Phonological Processing – 2nd Edition (CTOPP-2)
- Auditory Processing Factor (Ga) from the WJ-III Tests of Cognitive Ability
- Phoneme-Grapheme knowledge factor from the WJ-III Tests of Achievement Attention, Learning and Memory

Attention, Learning and Memory Abilities:

- Attention Capacity Test (ACT)
- California Verbal Learning Test-Second Edition (CVLT-II)
- Conners’ Continuous Performance Test (CPT)
- Detroit Test of Learning Aptitude - 4 (DTLA-4)
- Detroit Test of Learning Aptitude-Adult (DTLA-A)
- Gordon Diagnostic Systems (GDS)
- Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)
- Kagan Matching Familiar Figure Test (KMFFT)
- Learning and Memory Battery-College Edition (LAMB-CE)
- Paced Auditory Serial Test (PASAT)
- Test of Everyday Attention for Children (TEA-Ch)
- Tests of Variables of Attention Computer Program (TOVA)
- WAIS-IV Working Memory Index
- Wechsler Memory Scales - III (WMS-III)
Executive Functioning

- Delis-Kaplan Executive Function System
- Stroop Color and Word Test
- Trail Making Test Parts A and B
- Tower of London-Second Edition
- Wisconsin Card Sorting Test (WCST)

Please note that the Behavior Rating Inventory of Executive Functioning (BRIEF) is a self-report inventory and is not, on its own, a sufficient measure of executive functioning for determination of a diagnosis.

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test - II (WIAT-III)
- Wechsler Fundamentals: Academic Skills
- Woodcock-Johnson Psychoeducational Battery - III: Tests of Achievement

Supplemental achievement tests such as:
- Gray Oral Reading Test (GORT 4th Ed).
- Nelson-Denny Reading Test (using the Standard Scores rather than grade-based percentile scores)
- Stanford Diagnostic Mathematics Test
- Test of Written Language – 4 (TOWL-3)
- Woodcock Reading Mastery Tests – Revised

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information.

Please Note: The Wide Range Achievement Test - 4 (WRAT-4) or the Nelson-Denny Reading Test are not comprehensive measures of achievement and should not be used for this purpose.

Personality, Behavioral, and Emotional Functioning

- Behavior Assessment System for Children-2 (BASC-2)
- Piers-Harris Children’s Self-Concept Scale - 2
- Rorschach Test, Comprehensive System
- Conners’ Rating Scales – Revised
- Achenbach Child Behavior Checklists
- Vineland Adaptive Behavior Scales – II
- Behavior Assessment System for Children- II
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptoms Inventory- 2nd Edition (TSI-2)
- Dissociative Experiences Scale (DES)
- Schedule for Affective Disorders and Schizophrenia for School-Age Children-
  Present and Lifetime Version (K-SADS-PL)
- The Multidimensional Anxiety Scale for Children (MASC)
- Children’s Depression Inventory (CDI)
- Beck Inventories
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- Personality Assessment Inventory (PAI)