# Learning Disabilities Documentation Requirements at Queen's University

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# Introduction

In response to the expressed need for guidance related to the documentation of a learning disability in adolescents and adults, Queen's University has developed the following guidelines, based on the most recent research, standards and practices at the post-secondary level. The primary intent of these guidelines is to provide students, professional diagnosticians and service providers with a common understanding and knowledge base of those components of documentation which are necessary to validate a learning disability and the need for accommodation. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting. The following document describes standard criteria for documenting learning disabilities (LD) that can be used to determine appropriate accommodations for individuals with learning disabilities at Queen's University. The two official nomenclatures designed to outline the criteria used in making these diagnoses are the Diagnostic and Statistical Manual, IV (DSM-IV) and the Learning Disabilities Association of Canada (LDAC)/Learning Disabilities Association of Ontario (LDAO) diagnostic criteria and associated supporting document. The information and documentation to be submitted to Queen's should be comprehensive in order to avoid or reduce time delays in decision-making related to the provision of services.

This document presents guidelines in five important areas:

- Qualifications of the evaluator
- Recency of documentation
- Criteria for establishing need for accommodations at the post-secondary level.
- Appropriate clinical documentation to substantiate the learning disability
- Evidence to establish a rationale supporting the need for accommodation(s).

Under the Ontario Human Rights Code (OHRC) individuals with disabilities are guaranteed certain protections and rights to equal access to programs and services. In order to establish that an individual is covered under the OHRC, the documentation must indicate that the disability substantially limits some major life activity, including learning, and this is typically considered relative to most other people. The following documentation guidelines are provided in the interest of assuring that a clinically documented learning disability appropriately verifies eligibility and may support some or all requests for accommodations, academic adjustments, and/or auxiliary aids.

**It is important to note that a prior history of receiving accommodations in previous academic environments is not a guarantee one will be granted accommodations at Queen's University**. Clinical documentation of a learning disability which is submitted to the Disability Services Office (DSO) for the purpose of seeking accommodations is expected to meet the standards set forth in these guidelines. All clinical documentation is reviewed by the DSO and its consultants, as required, to determine what, if any, accommodations are appropriate to the settings for which they are intended. Although a previous history of accommodation may provide valuable insight into the student's ability

to integrate into a previous setting, the DSO makes independent judgment about the appropriateness, if any, of accommodation requests.

Sometimes students may be asked to provide updated comprehensive information if their condition is potentially changeable and/or previous documentation doesn't include sufficient relevant information.

Appendix A provides information regarding the difference between identification and diagnosis. A suggested listing of standardized tests for assessing adolescents and adults with suspected learning disabilities is included in Appendix B. Finally, Appendix C contains a documentation checklist.

## Keep in mind the following critical points:

1. All documentation must be submitted together.

2. All documentation should be received by the Disability Services no less than two weeks prior to the start of the term. Students providing DSO with documentation after this date should expect to wait at least 2 to 3 weeks before their documentation is reviewed and accommodation status determined.

3. The documentation we receive is often incomplete. Whenever possible, DSO documentation specialists will indicate what (if any) specific pieces of documentation are missing in order to make an informed decision about testing and other appropriate accommodations. Students who submit documentation that is outdated, incomplete, or otherwise insufficient may be asked to update and/or supplement their documentation. For these reasons, it is in your best interest to submit your documentation as early as possible.

4. Prior identification as a student with a learning disability, without additional diagnostic confirmation, is ***not sufficient*** documentation of a disability. See Appendix A for the difference between identification and diagnosis. Students with outdated but reasonable documentation will typically be provided with interim accommodations for one academic term.

5. Diagnosis of a disability, by itself is ***not sufficient*** to guarantee academic accommodations. The Disability Services Office (DSO) will provide academic and other accommodations to students who have not only received a formal diagnosis of a disability, but whose assessment also confirms that current symptoms substantially impair functions relevant to the requested accommodations.

# Documentation Requirements for students requesting accommodations for a Learning Disability at Queen's University

## *I. A Qualified Professional Must Conduct the Evaluation*

Professionals conducting assessments and rendering diagnoses of specific learning disabilities and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience with an adolescent and adult LD population are essential. Competence in working with culturally and linguistically diverse populations is also essential.

In Ontario, the controlled act of making a diagnosis is restricted to members of the College of Physicians and Surgeons and the College of Psychologists; these are the only professionals who are qualified to make a diagnosis of a Learning Disability. The following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have additional training and experience in evaluating adolescent/adult learning disabilities: clinical or educational psychologists; school psychologists; neuropsychologists; psychological associates with competence in this area; medical doctors with training and experience in the assessment of learning problems in adolescents and adults. The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and Province in which the individual practices must be clearly stated in the documentation.

Use of diagnostic terminology indicating a specific learning disability by someone whose training and experience are not in these fields is not acceptable. It is not appropriate for professionals to evaluate members of their own families. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

## *II. Testing Must Be Current*

The provision of reasonable accommodations and services is based upon clear evidence of the current impact of the disability on the student's academic performance. In most cases, this means that a diagnostic evaluation has been completed within the past three years. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be required. Exceptions may be made for comprehensive documentation of a LD that was undertaken after the age of 18.

## *III. Documentation Necessary to Substantiate the Learning Disability Must Be Comprehensive*

Prior documentation may have been useful in determining appropriate services in the past. However, documentation must validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an Individualized Educational Plan (IEP) or an Individual Placement and Review

Committee (IPRC) designation is insufficient documentation in and of itself but can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, and information processing.

## A. Diagnostic Interview

Because learning disabilities are lifelong, neurodevelopmental disorders, they are commonly manifested during childhood (though not always formally diagnosed). As such, relevant historical information regarding the student's academic history and learning processes in elementary, secondary, and postsecondary education must be investigated and documented. An evaluation report should include the summary of a comprehensive diagnostic interview by a qualified evaluator. By using a combination of student self-report, interviews with others, and historical documentation such as report cards and standardized test scores, the diagnostician should provide a summary of the following:

**1.** A description of the presenting problem(s);

**2.** Developmental history;

**3.** Relevant medical history including the absence of a medical or psychiatric basis for the present symptoms;

4. Academic history including results of prior standardized testing; reports of classroom performance; school grades & performance on standardized tests;

5. Relevant family history, including primary language of the home, and the student's current level of fluency of English;

6. Psychosocial history;

**7.** Relevant employment history;

8. A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological, and/or personality disorders along with any history of relevant medication and current use which may impact the individual's learning; and exploration of possible alternatives which may mimic a learning disability when, in fact, one is not present.

9. Review of the major life activities in which the student has previously been impaired relative to most other students.

## B. Assessment

The neuropsychological or psychoeducational evaluation for the diagnosis of a specific learning disability must provide clear and specific evidence that a learning disability does

or does not exist. Assessment, and any resulting diagnosis, must consist of and be based on a comprehensive assessment battery which does not rely on any one test or subtest.

Diagnosis of a specific LD requires that there be a *significant impairment* in some area of academic achievement *relative to other students of the same age*. Further, the LDAC/LDAO definition asserts that the noted academic impairments must be caused by disorders in the underlying processing skills necessary for adequate development of academic ability. Indeed, it is held that the achievement problems associated with LD are manifestations of an underlying impairment in a related aspect of information processing, and not the "cause" of the disability itself. As such, utilizing the criterion of a severe academic achievement deficit, in isolation, is not always the best indicator of an underlying LD.

Regrettably, many clinicians seem to confuse processing impairments as outlined in the LDAO/LDAC definition with the actual diagnosis of LD. Underlying processing impairments were identified in the definition as being essential for diagnosis, but low scores on tests of information processing *on their own* do not constitute a LD. Indeed, as research has shown, many non-disabled individuals produce subtest scores on commonly administered psychological tests that fall below the average range. In fact, in Binder, Iverson and Brooks (2009) and Iverson and Brooks (in press) most recent articles, they clearly demonstrate that the majority of the non-disabled normative sample participants in the WAIS-III/WMS-III had at least two subtest scores that fell below the 16$^{th}$ percentile, almost half had at least one subtest in the impaired range, and that intra-test discrepancies increase as intelligence increases. Further, they note that as the number of tests administered in a flexible battery increase, so too does the likelihood of obtaining more scores that fall below average. Hence, having a few subtest scores on any flexible test battery that fall within the below average or impaired range is neither unusual nor unexpected, and is certainly not, in and of itself, diagnostic of any type of disability.

Since many individuals have low in some areas of cognitive processing, this in and of itself is not proof of a disability. ***Indeed, an impairment in a processing ability 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*** (Barnartt & Scotch, 2001; Brant & Pope, 1997; U.S. Equal Employment Opportunity Commission, 2009, Footnote 6). The LDAO definition makes it clear that the first necessary condition for diagnosis of a LD of any sort is that there is evidence of *unexpectedly low academic achievement (or in-class achievement attained only with much effort or support).* Only then must one demonstrate that the academic achievement deficit is caused by impairment in one or more of the underlying processes necessary for learning or production of that skill. This was instituted because there can be many reasons for an individual performing poorly on tests of academic achievement, only one of which is a LD. Hence, having evidence of "unexpectedly low" academic achievement is essential, and one must further demonstrate that the academic achievement deficits are caused by a processing impairment in a skill that is integral to that academic function. ***Simply documenting low scores on tests of processing speed or working memory, in the***

***absence of any academic impairment, is not sufficient to demonstrate the need for academic accommodations at Queen's.***

Objective evidence of a *substantial limitation to learning* must be provided in the assessment report. A list of acceptable tests is included in Appendix B. Minimally, the domains to be addressed must include the following:

1. **Aptitude/ Cognitive Ability**
   A complete intellectual assessment with all subtests and standard scores reported is essential. Age-appropriate measures must be employed.
2. **Academic Achievement**
   A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
3. **Information Processing**
   Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/ processing; processing speed; phonological processing; executive functioning; motor ability) should be assessed. There should exist a logical relationship between the identified areas of academic impairment and the information processing skills that are found to be deficient.
4. **Other Assessment Measures**
   Other formal assessment measures may be integrated with the above instruments to help rule in or rule out the learning disability to differentiate it from co-existing neurological and/or psychiatric disorders, i.e., to establish a differential diagnosis. In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

## C. The Documentation Must Include a Specific Diagnosis

Nonspecific diagnoses, such as individual "learning styles," "learning differences," "academic problems," "computer phobias," "slow reading speed," "test difficulty or anxiety," or even "Dyslexia", in and of themselves do not constitute diagnosis of a learning disability. Previous identification as a student with a learning disability does not constitute a specific diagnosis (see Appendix A).

It is also important to rule out alternative explanations for problems in learning, such as emotional, attentional, or motivational problems, that may be interfering with learning but do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of such terms as "suggests" or "is indicative of." If the data indicate that a learning disability is not present, the evaluator must state that conclusion in the report.

## D. Actual Test Scores from Standardized Instruments Must be Provided

Standard scores and/or percentiles must be provided for all normed measures. Reports of

grade equivalents must be accompanied by standard scores and/or percentiles based on ***age-relevant norms***. The data must logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.

The tests used should be reliable, valid, and standardized for use with an adolescent/adult population. The test findings must document both the nature and severity of the learning disability. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

## E. Each Accommodation Recommended by the Evaluator Must Include a Rationale

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. Similarly, stating that the accommodations are required because they allow the student to obtain better grades is not proof of the need for an accommodation.

The diagnostic report must include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The evaluator(s) must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator(s) should support recommendations with specific test results or clinical observations. **A prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations**. If no prior accommodation(s) has been provided, the qualified professional and/or the student should include a detailed explanation of why no accommodation(s) was used in the past and why an accommodation(s) is needed at this time.

A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process. ***Queen's University may approve some, all, or none of the requested accommodations depending on the sufficiency of the documentation provided***. If the documentation is deemed insufficient, Queen's University will provide the student with an opportunity to address limitations in the diagnostic report. Students are urged to share the University's feedback with their evaluator for clarification, and in some cases, to provide requested information.

If the requested accommodations are not clearly identified in the diagnostic report, Queen's University may request clarification and, if necessary, more information. Queen's University will make the final determination as to whether or not the requested accommodations are warranted and deemed appropriate.

## *IV. A Clinically Interpretive Summary Must be Provided*

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgment be used in the development of a clinical summary. The clinical summary must include:

1. Indication that the evaluator ruled out alternative explanations for academic problems such as poor education, low effort, poor motivation and/or study skills, emotional problems, attentional problems, and cultural/language differences
2. Indication of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability
3. Indication of the substantial limitation to learning presented by the learning disability and the degree to which it effects the individual in the learning context for which accommodations being requested
4. Indication of why specific accommodations are needed and how the effects of the specific disability are mediated by the accommodation

## *IV. Accountability and Confidentiality*

Reasonable accommodation(s) may help to ameliorate the disability and to minimize its impact on the student's clinically documented difficulties in this particular setting. Accommodations are not, however, designed to ensure that a student will obtain a passing grade or gain entry into a chosen field or program.

The determination for reasonable accommodation(s) rests with DSO in collaboration with the individual with the disability and, when appropriate, faculty, all of whom have a responsibility to maintain confidentiality of any information. The student is responsible for obtaining and providing DSO with all relevant materials in a timely manner. DSO may not release any part of the documentation without the individual's informed consent. If the requested accommodations are not clearly identified in the diagnostic report, DSO reserves the right to seek additional clinical information pertaining to determination of eligibility for requested accommodations.

## References


Barnartt, S. & Scotch, R. (2001). *Disability protests: Contentious politics 1970 - 1999*. Washington, DC: Gallaudet University Press. pp. xi-xxvi

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Brant, E.M & A.M. Pope, eds. (1997). *Enabling America: Assessing the Role of Rehabilitation Science and Engineering*. Washington, DC: National Academy Press.

U.S. Equal Employment Opportunity Commission. (2009). *EECO compliance manual. Section 902: Definition of the term disability*. Retrieved from http://www.eeoc.gov/policy/docs/902cm.html

# Appendix A – Identification versus Diagnosis

Please note that previous identification as a student with a learning disability is not, by itself, sufficient to substantiate the diagnosis of a learning disability or that a student qualifies for accommodations at the post-secondary level.

In Ontario, a child may be identified through the Individual Placement and Review Committee (IPRC) process, which is governed by a regulation under the Education Act. This act allows for professionals in the school system to identify an individual as being an "exceptional learner." In this context, *identification* focuses on an educational need, as opposed to a *diagnosis*, which centers on a cause for the noted difficulties. This differentiation follows from the definition of an exceptional pupil in Ontario as (Ministry of Education, 1990):

> "A pupil whose behavioral, communicational, intellectual, physical or multiple exceptionalities are such that he is considered to need placement in a special education program."

Identification as set out in Regulation 181/98 under the Education Act (Ministry of Education, 1990) involves consideration of multiple sources of information in order to determine whether a pupil meets the Ministry of Education's definition of an exceptional student. For instance, identification may involve reviewing reports from parents and teachers, and in some cases from psychologists and other regulated health professionals. Unlike diagnosis, which involves a professional's formal opinion concerning the cause of an individual's symptoms, identification is accomplished through a school board committee and is carried out solely for the purpose of planning how best to meet a pupil's needs in the educational environment. There is no obligation to determine the actual cause of academic or other problems in the identification process.

In contrast, communicating a *diagnosis* is listed as one of the Controlled Acts under the Regulated Health Professions Act (1991), which legally restricts its performance to members of certain professional colleges, including the College of Physicians and Surgeons of Ontario and the College of Psychologists in Ontario. Since the Controlled Act is only performed when information is communicated to a client or his/her personal representative, communicating such information to other individuals in multi-disciplinary teams, or at IPRC meetings where the client or his/her representative is not present, does not constitute performance of the Controlled Act. However, the policy of the College of Psychologists (1997) also stipulates that diagnoses should normally be communicated to the pupil and his or her parents or personal representative prior to the IPRC meeting. As well, the diagnosis should be conveyed by a professional authorized to perform a controlled act, because of the implication for harm involved.

As well, diagnosis involves the formulation of a psychological interpretation that is "consistent with an accepted nomenclature and associated body of knowledge and research" (Ontario College of Psychologists, 1997). Unfortunately, it is the case that a sizeable number of children who are identified through the IPRC process do not actually

meet the diagnostic criteria for a specific learning disability (Learning Opportunities Task Force (LOTF; 2002). Most of these children and their parents are unaware of the distinction between identification and diagnosis. Later, upon application to college or university, many of these students are justifiably upset to discover that the documentation they provide of their disability is not sufficient to obtain accommodations at the post-secondary level (LOTF, 2002). Indeed, outside of the Ontario public school system, accommodation of a disabling condition almost always requires that the disorder be formally diagnosed, rather than simply identified.

# Appendix B - Tests for Assessing Adolescents and Adults suspected of having a Learning Disability.

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important.

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 (CTOPP)
- Auditory Processing Factor (Ga) from the WJ-III Tests of Cognitive Ability
- Phoneme-Grapheme knowledge factor from the WJ-III Tests of Achievement

Attention, Memory, and Learning

- 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 Variable Attention Computer Program (TOVA)
- WAIS-IV Working Memory Index

- Wechsler Memory Scales - IV (WMS- IV)

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 - III (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 - 3 (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. **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**.

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 (TSI)
- 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)

# Appendix C: Checklist of documentation requirements for students with Learning Disabilities

| **Documentation must include all of the following** | **YES** | **NO** |
|---|---|---|
| **Documentation is provided by a clinician qualified and experienced in the diagnosis of LD.** Diagnostician must be legally allowed to undertake the controlled act of diagnosis. All reports must be on letterhead, typed, dated, signed, and otherwise legible. Use of diagnostic terminology indicating a specific learning disability by someone whose training and experience are not in relevant fields is not acceptable. | | |
| **Documentation is current.** Ideally, the documentation on which accommodations requests are being made should be no more than 3 years old. Exceptions may be made for a comprehensive assessment completed after age 18. | | |
| **Demonstration of academic *underachievement* relative to the average student**. It is **mandatory** to document *under-achievement* (*or in-class achievement attained only with much effort or support)* in one or more academic areas (as evident both in the classroom **and** on standardized test results). | | |
| **Evidence that academic impairments are logically related to observed deficits in specific psychological processes.** This would require administration of tests measuring specific processing skills associated with learning such as memory, phonological awareness, processing speed, attention, and executive functions. *Note that a low score in an underlying process in the absence of a functional impact on academic performance is not sufficient to support the diagnosis of LD.* | | |
| **Evidence that the identified deficit causes functional impairments.** The disturbance in academic functioning (e.g. reading, math, etc) significantly interferes with academic achievement or activities of daily living that require reading, writing or math skills. | | |
| **Exclusion clause:** Evidence that the identified impairments are not better explained by other conditions, environmental/educational deprivation, lack of motivation, cultural or linguistic diversity, psychological disturbance, or another co-existing condition. | | |
| **A clear diagnostic statement that the student has a specific learning disability.** Terminology not associated with an accepted diagnosis (eg. Learning Difference, reading speed problem, Dyslexia, etc.) is not sufficient. | | |