

**Counselling and Disability Services, Seneca College**  
**Requirements for Documentation of an Assessment for a**  
**Learning Disability**

**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 adult LD population are essential. Competence in working with culturally and linguistically diverse populations is also essential. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences.

In Ontario the following professionals would generally be considered qualified to evaluate specific learning disabilities for post-secondary students provided that they have additional training and experience in evaluating adult learning disabilities:

Psychologists or Psychological Associates

Doctors of Medicine with specific training and experience in assessment of learning disabilities in adults

Use of diagnostic terminology indicating a specific learning disability and communicating such a diagnosis by someone whose training and experience are not in these fields is not acceptable and is a violation under the Registered Health Care Practitioners Act. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

**Note:** Appropriately documented, informed consent for a psychological assessment must be obtained in advance from the individual concerned by the individual who will be conducting the assessment. In addition to information regarding the assessment procedures themselves, such informed consent must include an explanation regarding: the potential release of information and/or the report to any third party; the potential distribution and storage of the assessment information and documentation, the individual's rights regarding withholding or withdrawal of consent; and the right of direct access to the qualified member of the College of Psychology, or the College of Physicians and Surgeons who is responsible for the diagnosis.

**II. Testing Must Be Current**

It is generally acknowledged that once a person is diagnosed as having a Learning Disability the disability is normally viewed as life-long. Although the learning disability will continue, the effects of learning disabilities may be expressed differently over time, depending on the match between the demands of the environment and the individual's pattern of strengths and weaknesses and the development of coping strategies. Thus it is necessary to provide recent and appropriate documentation. A diagnosis, based on a competent and complete assessment that was conducted after 18 years of age is generally considered conclusive.

However, because the provision of all reasonable accommodations and services is based upon the assessment of the current impact of the individual's disabilities on his or her academic performance, it is in a candidate's best interest to have a current and adequate assessment. It may be appropriate, depending on when the full assessment took place, to update or augment the assessment in order to provide this information. Seneca requests that a full and adequate assessment must have been conducted within the past 4 years. For an 18 year old applicant that would mean an assessment at no younger than 14 years of age.

**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 student's current level of functioning in the educational setting. School plans such as an individualized education

program (IEP) or documentation from an Identification, Placement, and Review Committee (IPRC) are insufficient by themselves, but can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report must include a clear diagnostic statement, and documentation of intellectual/cognitive ability, academic achievement, information processing skills, and social/emotional development.

### **A. Background Information**

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the student's academic history and learning processes in elementary, secondary, and postsecondary education, as well as relevant developmental, medical and psychosocial history, must be investigated and documented. An evaluation report should include the summary of a comprehensive diagnostic interview by a qualified evaluator. A combination of candidate self-reporting, interviews, and historical documentation, such as transcripts and standardized test scores, is recommended.

### **B. Assessment**

The evaluation for the diagnosis of a learning disability must provide clear and specific evidence that a learning disability does or does not exist. The assessment, and any resulting diagnosis, must consist of and be based on a comprehensive assessment battery that does not rely on any one test or subtest. Objective evidence of a substantial limitation to learning must be provided. (The following assessment measures are suggestions only and not exclusive).

Minimally, the domains to be addressed must include the following:

#### **1. Intellectual/Cognitive Ability**

A complete intellectual assessment with all assessment results reported is essential. (e.g., WAIS-III or IV, WJ III Cognitive.)

#### **2. Academic/Achievement**

A comprehensive academic achievement battery is essential, with all results reported appropriately. The battery must include current levels of academic functioning in relevant areas such as reading (decoding, comprehension), mathematics, and oral and written language. (e.g., WJ III Achievement, WIAT-II, Nelson-Denny Reading Test.)

#### **3. Information Processing**

Specific areas of information processing (e.g. short- and long-term memory, processing speed, executive functioning, motor ability, etc.) should be addressed (e.g., WMS-III or IV, Bender Motor Gestalt Test, TOAL-e, Rosner Test of Auditory skills, DASH, D-KEFS, WRAML-2, CAARS, BRIEF, etc.)

#### **4. Social/Emotional**

Must include measures to rule in or out coexisting neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). (e.g., PAI, MMPI, BDI-II, BAI, etc.)

Other assessment measures, such as classroom performance and informal assessment procedures or observations, may be helpful in determining performance across a variety of domains. In addition to standardized tests it is also very useful to include informal observations of the student during test administration.

### **C. Documentation Must Include a Specific Diagnosis**

Nonspecific diagnoses, such as individual "learning styles," "learning differences," "academic problems," "computer phobias," "slow reader," and "test difficulty or anxiety," in and of themselves do not constitute a learning disability. It is 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": for example, "Student is diagnosed with a Learning Disability"; "Current assessment meets the diagnostic criteria for a Learning Disability" If the data indicate that a learning disability is not present, the evaluator must state that conclusion in the report.

#### **D. Each Accommodation 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.

The diagnostic report must include specific recommendations for accommodations as well as a detailed explanation of why each accommodation is recommended. If no prior accommodations have been provided, the qualified professional and/or the candidate should include a detailed explanation of why no accommodations were used in the past and why accommodations are needed at this time.

Disability offices will make a decision on a case-by-case basis as to whether disability related barriers for the student may be encountered in the current educational program. (It is noted that if no learning disability is diagnosed, accommodations may still be provided for other diagnosed conditions – e.g., generalized anxiety disorder).

#### **IV. An Interpretative 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 by the evaluator 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 interpretative summary.

#### **V. Confidentiality**

Seneca College will adhere to its confidentiality policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or unless legally required.

#### **Sources of Information:**

- Learning Opportunities Task Force
- Learning Disabilities Association of Ontario
- Inter-University Disability Issues Association
- College Committee on Disability Issues

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