



# GUIDELINES FOR REQUESTING ASSESSMENT ACCOMMODATION

Please submit questions and all supporting documentation to [accommodations@theABA.org](mailto:accommodations@theABA.org).

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## INTRODUCTION

We support the intent of the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2008 (ADAAA). To accommodate individuals with documented disabilities who demonstrate a need for accommodation, we will make reasonable and appropriate modifications to our assessment programs that do not impose an undue burden on our programs or fundamentally alter the measurement of skills or knowledge that the programs are intended to test.

The ADA as amended and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, learning or the operation of a major bodily function. The purpose of documentation is to validate that the individual is covered under the ADA, as amended, as a disabled individual.

The purpose of assessment accommodations is to provide an opportunity for individuals with disabilities to demonstrate mastery of skills and attainment of knowledge without being limited or unfairly restricted due to the effects of a disability. Accommodations are neither intended nor permitted to alter the construct of the assessment being measured or provide an unfair advantage for individuals with disabilities over individuals taking assessments under standardized conditions. While presumably the use of accommodations in the assessment activity will enable the individual to better demonstrate his/her knowledge mastery, accommodations are not a guarantee of improved performance, assessment completion or a passing score.

Our office administers the process of reviewing and deciding requests for assessment accommodations for candidates, and residents who take the annual In-Training Examination. We only review and respond to one request at a time. Individuals seeking accommodation on more than one assessment must submit a separate request form for each one. The request must be received by the applicable request deadline, and all supporting documentation must be received by the applicable documentation deadline. For request and documentation deadline dates, please visit our website at [www.theABA.org](http://www.theABA.org).

All requests, including any supporting documentation, evaluations, medical records, or expert reports, will be retained indefinitely in the individual's file. Please see the "Requesting Accommodation" section of the Policy Book available at [www.theABA.org](http://www.theABA.org). We reserve the right to utilize these records in our determination of whether the applicant/candidate meets the requirements for entrance into the examination system, or the requirements for certification, recertification or maintenance of certification, including the independent practice requirement.

The following guidelines are provided for examinees, evaluators, faculty and others involved in the process of documenting an individual's request for accommodation. We encourage individuals requesting accommodation to read these guidelines and share them with their evaluator, therapist, treating physician, etc., so the appropriate documentation can be assembled to support the request.

## HOW TO REQUEST ACCOMMODATION

Individuals must initiate a request for accommodation by submitting the request in their portal account by the appropriate request deadline. Read the guidelines carefully and share them with the professional who will be evaluating your disability and helping you prepare your documentation. All accommodations must be reviewed, approved and agreed upon in advance, so we highly encourage you to notify us early for any accommodation needs.

1. Complete the request for accommodation for the assessment for which accommodation is sought. We only review and respond to one assessment accommodation request at a time. Individuals seeking accommodation on more than one assessment must submit a separate request for each.
  - a. Submit requests for the Part 2 Examination only after you have passed the Part 1 Examination.
  - b. Submit requests for the APPLIED Examination only after you have passed the BASIC and ADVANCED Examinations.
  - c. Submit requests for a subspecialty examination only after you have passed the Part 2 or APPLIED Examination.
  - d. We will not consider requests if the above requirements have not been satisfied.
2. Please complete the request for accommodation during online assessment registration in your portal account. However, if you have already completed registration for the assessment, you may complete the request in your portal account by clicking on the “Exam Info” tab at the top and selecting “Nonstandard Exam Request.” You may submit any questions to us via email to [accommodations@theABA.org](mailto:accommodations@theABA.org).
3. When completing the request form, please be sure to:
  - a. read the form's instructions in their entirety,
  - b. only select one exam,
  - c. indicate all the modifications, and or aids, that you are requesting,
  - d. sign and date the form where indicated, and
  - e. Return your completed form to our office by the appropriate request deadline.
4. If you have received prior assessment accommodation for:
  - a. medical school tests
  - b. tests given by the anesthesiology residency program
  - c. an anesthesiology in-training, medical licensure or other standardized assessment; you must submit a statement from the medical school, anesthesiology residency program and/or testing agency(s) that describes the testing accommodations that were provided to you.
5. If you have received prior testing accommodation for an ABA exam and you are requesting additional accommodations not previously approved, submit a new request form and current documentation of your disability by the applicable deadlines.
6. If you have received prior testing accommodation for an ABA exam and you are requesting accommodation for another primary or subspecialty exam, submit a new request form and current documentation of your disability by the applicable deadlines.
7. Attach documentation of the disability.
8. Compare your documentation with the requirements listed in these guidelines to ensure the documentation meets the standards for complete submission. Documentation submitted should be

as comprehensive as possible to allow us to make an informed decision about the request as quickly as possible.

9. We reserve the right to require an individual to provide additional information to verify the existence of a disability and the need for any modification or aid. We will not delay an assessment pending submission of any missing or additional documentation.

#### **WHAT TO SUBMIT:**

- Legible copies
- Typed or printed letters and evaluation reports from evaluators
- Documentation of your functional impairment(s), if any, in activities beyond testing accommodations
- Documentation of your functional impairment(s), if any, **beyond self-report**

#### **WHAT NOT TO SUBMIT:**

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to us
- Multiple copies of documentation (i.e., faxed and mailed copies of the same documentation)
- Office notes or bills from a visit to a physician or non-physician healthcare provider
- Staples, clips, binders, page protectors, folders, or similar items

## THE REVIEW PROCESS

An ABA committee will consider the individual's request and the documentation submitted to substantiate the basis for it, if the request and documentation are received by the appropriate deadline dates. We will consider all requests we receive after the deadline for the next assessment offered.

The committee will make reasonable accommodations for individuals with disabilities when there is sufficient evidence of a disability that significantly impairs the individual's ability to take the assessment under standard conditions. However, auxiliary aids and services, and modifications can only be offered if they do not fundamentally alter the measurement of skills or knowledge that the programs are intended to test or result in an undue burden on our programs.

We will send the individual a letter of notification of the committee's action. If the individual's request is not granted, the letter will include the basis for the committee's action. Individuals have the right to request a formal review of a decision not to grant test accommodation. Our Policy Book, available on our website at [www.theABA.org](http://www.theABA.org), has details about the review process.

## GENERAL ACCOMMODATIONS

Accommodations include but are not limited to the following:

- Extended assessment time
- Additional break time
- Individual testing room (for those whose disability necessitates separation from all other examinees).
- Permission for use of assistive devices

Accommodations require that the documentation submitted in support of an individual's request demonstrate that there is a specific, diagnosable condition and that the diagnosed condition results in *substantial limitations* in the functions required by our assessment programs.

For individuals who demonstrate a need for extended assessment time, such requests must be justified by documentation that includes a rationale supported by objective data and explicit data-based arguments that demonstrate why extended time is necessary.

For individuals who request an individual testing room for a computer-based examination, the submitted documentation must support the specific need for more privacy and sound insulation than that provided by the computer-based test centers we use. These centers typically provide individual computer work stations with semi-private side partitions and sound-insulating ear covers.

## GUIDELINES FOR ALL DISABILITIES

The following guidelines are provided to assist individuals in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request may be referred to experts in the appropriate area of disability for an independent, fair and impartial professional review.

**The following content should be included in all documentation submitted in support of a request for accommodations. Documentation must:**

1. **State a specific diagnosis of the disability:** A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-V (Diagnostic and Statistical Manual of Mental Disorders) diagnostic categories for learning disorders.
2. **Be current:** The nature and severity of a disability and its impact on an individual's ability to take an assessment under standard conditions may change with time. We require current documentation of assessments of the individual's condition that are based on sufficiently recent test results and evaluations (generally performed within five years of the assessment for which accommodation is being requested). We reserve the right to request updated documentation of the disability, should it be appropriate.
3. **Describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the results:** This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis, e.g., documentation for an individual with a reading impairment who requests extended assessment time would typically include results from a standardized reading test (oftentimes the Nelson Denny Reading Test is appropriate to include); documentation for physical disabilities should include specific findings on the physical or neurological examination including functional limitations and the results of MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- 4. Describe in detail the individual's limitations due to the diagnosed disability, i.e., a demonstrated impact on functioning on the In-Training Examination or the ABA certification, maintenance of certification, or subspecialty assessments, and explain the relationship of the evaluation test results to the identified limitations resulting from the disability. The current functional impact on physical, perceptual and cognitive abilities should be fully described.**

Establishing a diagnosis alone is not sufficient to demonstrate the presence of a disability warranting accommodations. Documentation must also demonstrate on the basis of objective testing that the diagnosed condition causes substantial limitations in the performance of one or more life functions required by the assessment.

- 5. Recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.**
- 6. Establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.**
- 7. Include a detailed explanation by the qualified professional expert as to why no accommodations were given in the past and why accommodations are needed now if no prior accommodations have been provided.**

## LEARNING DISORDERS

Documentation for applicants submitting a request for accommodation based on a learning disorder or other cognitive impairment should contain all of the content listed in the General Guidelines section. The following information explains the additional content the documentation must address relative to learning disorders.

- 1. The evaluation must be conducted by a qualified professional.** The diagnostician must have comprehensive training in the field of learning disorders and must have comprehensive training and direct experience in working with an adult population. The evaluator's name, title and professional credentials should be stated, including information about licensure or certification as well as the area of specialization, current and prior employment and the state in which the individual currently practices should be clearly stated in the documentation.
- 2. Testing/assessment must be current.** The determination of whether an individual is significantly limited in functioning according to ADA criteria is based on assessment of the current impact of the impairment. (See General Guidelines). A developmental disorder such as a learning disorder originates in childhood and, therefore, information which demonstrates a history of impaired functioning should also be provided.
- 3. Documentation should be comprehensive.** Objective evidence of a substantial limitation in cognition or learning should be provided. At a minimum, the comprehensive evaluation should include the following:

A diagnostic interview and history taking: Because learning disorders are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding

the individual's academic history and learning processes in elementary, secondary and postsecondary education should be investigated, documented and summarized. The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis, but need not include transcripts, test scores, or copies of detailed psychometric tests from childhood.

In addition to the individual's self-report, the report of assessment should include:

- A description of the presenting problem(s);
  - A developmental history;
  - A narrative summary of relevant academic history including standardized testing, classroom performance and behaviors, study habits, and notable trends in academic performance;
  - Relevant psychosocial history;
  - Relevant medical history including the presence or absence of a medical basis for the present symptoms;
  - Relevant employment history;
  - Linguistic history, including first language spoken, predominant language spoken in the home when the candidate was a child, and if English was not the first language spoken, when and in what context English was learned.
  - 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 that may impact the individual's learning; and
  - Exploration of possible alternatives that may mimic a learning disorder when, in fact, one is not present.
4. **A psychoeducational or neuropsychological evaluation.** The psychoeducational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.
- The assessment must consist of a comprehensive battery of tests.
  - A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.
  - Objective evidence of a substantial limitation to learning must be presented.
  - Test results must include appropriate norms for the age of the patient and must be administered in the designated standardized manner.

**Minimally, the domains to be addressed should include the following:**

1. **Cognitive Functioning.** A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to the most current widely accepted versions of the: Wechsler Adult Intelligence Scale (WAIS); Woodcock Johnson Psychoeducational Battery (WJ); Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.
2. **Achievement.** A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include, but are not limited to, the most current widely accepted versions of the Woodcock-Johnson Psychoeducational Battery (WJ); Tests of Achievement; The Scholastic Abilities Test for Adults

(SATA); Woodcock Reading Mastery Tests (WRMT); and the Wechsler Individual Achievement Test (WIAT).

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test (WRAT) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement, but can be a useful or essential component of a request for additional testing time. However, neither is acceptable if used as the sole measure of achievement.

3. **Information Processing.** Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) should be assessed. Acceptable measures include, but are not limited to, the most current widely accepted versions of the Detroit Tests of Learning Aptitude - Adult (DTLA-A), Wechsler Memory Scale (WMS), information from the Woodcock Johnson Psychoeducational Battery (WJ): Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.
4. **Other Assessment Measures.** Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.
5. **Actual test scores must be provided (standard scores where available).** Evaluators should use the most current widely accepted form of tests and should identify the specific test form as well as the norms used to compute scores. All test data should be included; it is helpful to list the test data in a score summary sheet appended to the evaluation. Age norms where available should be provided.
6. **Narrative summary of relevant records of academic history should be provided.** Because learning disabilities are most commonly manifested during childhood, the summary should include relevant background about the individual's learning processes and difficulties in elementary, secondary and postsecondary education.
7. **Psychometric Assessment of Alternative and Coexisting Disorders.** Personality and emotional functioning should be assessed with appropriate psychometric tests that include validity scales such as Minnesota Multiphasic Personality Inventory – 2 (MMPI-2), or Personality Assessment Inventory (PAI).
8. **A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out.** The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

- a. Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
- b. The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

9. **A clinical 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 data that must be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrates all information gathered in a well-developed clinical summary.

The following elements must be included in the clinical summary:

- a. Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attention problems and cultural or language differences;
- b. Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- c. Indication of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of our assessment programs; and
- d. Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities and therefore are not covered under the ADA.

10. **Each accommodation recommended by the evaluator must include a rationale.** The evaluator 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 diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended.

Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

11. **Requests for Extended Time.** Any requests or recommendations for extended assessment time must be justified by documentation that includes a rationale supported by objective data and explicit data-based arguments that demonstrate why additional time is necessary.

## ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Documentation for individuals submitting a request for accommodation based on an Attention Deficit Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section.

The following information explains the additional issues documentation must address relative to ADHD.

1. **The evaluation must be conducted by a qualified diagnostician.** Professionals conducting assessments and rendering diagnoses of ADHD should be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional

credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.

2. **Testing/assessment must be current.** The determination of whether an individual is "substantially limited" in functioning is based on assessment of the current impact of the impairment on our assessment programs. (See General Guidelines).
3. **Documentation necessary to substantiate ADHD must be comprehensive.** Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms is necessary.
  - a. The evaluator is expected to review and discuss DSM-V diagnostic criteria for ADHD and describe the extent to which the individual meets these criteria. The report must include information about the specific symptoms exhibited and document that the individual meets criteria for long-standing history, impairment and pervasiveness.
  - b. A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-V) that significantly impair functioning in two or more settings.
  - c. The information collected by the evaluator must consist of more than self-report. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
    - History of presenting attention symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
    - Developmental history;
    - Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
    - Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
    - Relevant psychosocial history and any relevant interventions;
    - A thorough academic history of elementary, secondary and postsecondary education;
    - Review of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
    - Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder substantially restricts one or more major life activities;
    - Relevant employment history;
    - Description of current functional limitations relative to an educational setting and to ABA assessment programs in particular that are presumably a direct result of the described problems with attention;
    - A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
    - Exploration of possible alternative diagnoses that may mimic ADHD.
4. **Relevant Assessment Batteries.** Neuropsychological or psychoeducational assessment is important in determining the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone

should not be used as the sole basis for the diagnostic decision. Objective testing is necessary to demonstrate substantial limitations, as is listing the components of testing as described above in the section on learning disorders.

Scores from subtests on the most current widely accepted Wechsler Adult Intelligence Scale (WAIS), memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. Standard scores must be provided for all measures that are being compared to population norms.

- Age norms where available

- 5. Use of Mitigating Measures.** Documentation of the individual's disability must include the results of tests performed when the individual is using mitigating measures (e.g., a medication, assistive device, or prosthetic) or compensating behaviors that are available to control or correct the symptoms or limitations of the individual's disability. The documentation should indicate information about the effectiveness of these interventions, including all relevant post-therapy data.
- 6. DSM-V Criteria and a Specific Diagnosis.** The report must include a review and discussion of the DSM-V criteria for ADHD both currently and retrospectively and specify which symptoms are present. The report must also include a specific diagnosis of ADHD based on the DSM-V diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.
- 7. A Clinical Summary Should Be Provided.** A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:
  - a. Demonstration of the evaluators having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
  - b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
  - c. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g., impact on ABA certification, maintenance of certification, or subspecialty assessments); and
  - d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-V, are mediated by the accommodation(s).
- 8. Each accommodation recommended by the evaluator should include a rationale.** The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report should include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations.

Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, etc.). However, a prior history of accommodation

without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or nonattendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

9. **Requests for Extended Time.** Any requests or recommendations for extended assessment time must be justified by documentation that includes a rationale supported by objective data and explicit data-based arguments that demonstrate why additional time is necessary.

## VISION IMPAIRMENTS

The following information is provided to assist the individual in documenting a need for accommodation based on a visual impairment. Comprehensive evaluation reports of visual functioning should be conducted by an optometrist or American Board of Ophthalmology-certified ophthalmologist and should include:

1. A detailed discussion of how the individual's specific signs, symptoms, and assessment results meet professionally recognized diagnostic criteria for the identified visual impairment. Relevant history and course of the presenting symptoms should be provided and the documentation should identify whether the condition is stable or could be expected to fluctuate. The individual's best corrected visual acuities, for both distance and near, must be specified. Where relevant to the diagnosis, comprehensive documentation should also include detailed information about the health of the eye(s), visual fields, binocular functioning, accommodative functioning, oculomotor functioning, and/or other pertinent information.
2. Actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to vision functioning must be provided. These assessment data are imperative to allow for a professional review. When relevant to the impairment, examples of such data are: visual acuities (best-corrected for near and distance), visual field print-outs, specific tests of accommodation (e.g., relative accommodation, amplitudes, facility, dynamic or nearpoint retinoscopy), specific tests of vergence (e.g., nearpoint of convergence, cover test, prism vergences, facility), specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram).
3. Detailed information about what therapy, medication, and low-vision aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data.
4. Specific information concerning the current functional limitations imposed by the visual impairment (what the individual can and cannot do on a regular and continuing basis).
5. A specific recommendation for all accommodations requested, including low vision aids, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.
6. Documentation should be typewritten and submitted on the professional's letterhead and be signed and dated by the evaluator. Handwritten notes, letters, or prescriptions are not sufficient to demonstrate substantial visual impairments.

Visual impairment in one eye only can often significantly impact the ability to perform three-dimensional tasks, such as driving or playing some sports. However, monocular conditions, in and of themselves, have not been shown to cause a substantial limitation in the ability to read or perform other two-dimensional tasks at near. Therefore, requests for accommodation for computer-based tests based on visual impairment in only one eye need to provide data to demonstrate reduced functioning in the fellow eye, such as of accommodation (focusing) or reading eye movements (saccades).

## SPEECH IMPAIRMENTS

The following information is provided to assist the individual in documenting a need for accommodation based on speech impairment. Comprehensive evaluation reports should be conducted by a properly licensed speech/language clinician and should include:

1. A detailed discussion of how the individual's specific signs, symptoms, and assessment results meet professionally recognized diagnostic criteria for the identified impairment. Relevant history and course of the presenting symptoms should be provided and the documentation should identify whether the condition is stable or could be expected to fluctuate.
2. Actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment must be provided. These assessment data are imperative to allow for a professional review.
3. Detailed information about what therapy, medication, and aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data.
4. Specific information concerning the current functional limitations imposed by the impairment (what the individual can and cannot do on a regular and continuing basis).
5. A specific recommendation for all accommodations requested, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.
6. Documentation should be typewritten and submitted on the professional's letterhead and be signed and dated by the evaluator. Handwritten notes, letters, or prescriptions are not sufficient to demonstrate substantial speech impairments.