

AMERICAN BOARD OF FAMILY MEDICINE (ABFM)
Policy Statement for Americans with Disabilities Act (ADA) Compliance –
ABFM Examinations & Family Medicine Certification

The American Board of Family Medicine (ABFM) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) for individuals with documented disabilities who demonstrate a need for accommodation. In accordance with these Acts, ABFM does not discriminate against individuals with disabilities in providing access to its examination and Maintenance of Certification program. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed. Special testing accommodations will only be considered with appropriate documentation.

For the purpose of requesting test accommodations, the ADA Amendments Act of 2008 defines 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, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating or working.

The purpose of accommodations is to provide equal access to ABFM examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADAAA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow ABFM to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABFM examination's ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABFM.

Co-Sponsored Examinations with External ABMS Boards

In addition to the Family Medicine and Sports Medicine exams administered by ABFM, the ABFM is the co-sponsor with other ABMS medical specialty boards of examinations not administered by the ABFM. Accommodations for examinations not administered by the ABFM must be processed in accordance with the exam delivery guidelines established by the medical specialty board responsible for the examination administration. The accommodations

available for those examinations vary with each examination and the ABFM will provide reasonable accommodations as available for each examination.

Confidentiality

ABFM strictly adheres to a policy of confidentiality and does not disclose names of applicants with disabilities or information concerning the application or accompanying documentation. Examinations administered with accommodations are not identified to third party score recipients.

HOW TO REQUEST TESTING ACCOMMODATIONS FOR THE ABFM CERTIFICATION EXAMINATIONS

- The applicant is required to request special testing accommodations at the time s/he completes the online application for examination. Assistance with the accommodations process can be discussed at any time, however approval for accommodations will only occur after the request is submitted through the online application.
- The applicant must indicate the nature of the disability and the anticipated testing accommodations on the online application. A qualified professional must subsequently provide written documentation, as described herein, the disability and need for testing accommodations.
- The request must be indicated in the ABFM online application, and documentation must be received by the normal application closing date.
- If an applicant has a documented disability covered under the ADAAA and requires test accommodations, s/he must notify ABFM through the online application each time s/he requests accommodations.
- All documentation must be received by the final application deadline.
- Applicants will be notified via email correspondence whether their accommodation request has been approved.

What to Do

- Read the General Guidelines for Documenting a Request for Test Accommodations and the specific guidelines for your disability area and share them with the professional who will be preparing your documentation.
 - ◇ Compare your documentation with the information listed in the documentation guidelines to ensure a complete submission.
 - ◇ Incomplete documentation will delay processing of your request and selection of a testing center.
- Submit a personal statement describing your disability and its impact on your ability to practice medicine and function in your daily life. Please describe any current workplace accommodations.
- Submit all documentation as outlined in the Documentation Guidelines including:
 - ◇ Typed or printed letters and reports from evaluators on their official letterhead.

- ◇ All documents are to be in English. You are responsible for providing certified English translations of foreign-language documentation.
- ◇ Records from elementary, secondary, and post-secondary educational activities if you are requesting accommodations based on a developmental disorder such as learning disorders (LD) or attention deficit/hyperactivity disorder (ADHD).
- ◇ Documentation of your functional impairment in activities that bear upon test-taking in a standardized testing environment.
- ◇ Verification of your functional impairment by impartial third-party individuals who have evaluated your disability and its impact on performance in test-relevant activities.
- ◇ Retain a photocopy of all personal statements and documentation submitted.
- ◇ Send your documentation to:

Accommodations Coordinator
American Board of Family Medicine
1648 McGrathiana Parkway, Fifth Floor
Lexington, KY 40511-1247

Appeal Process

Any applicant who is denied accommodations may appeal the decision by submitting the following materials to the ABFM.

- *A written request for a formal appeal of the denial of accommodations.* The request should describe the rationale for the appeal based on additional information not previously provided to ABFM or clarify other reasons justifying reconsideration.
- *Additional written information in support of the appeal,* such as new diagnostic or treatment information from the treating professional. The appeal materials must be sent together in a single mailing according to the schedule below.

The ABFM Credentials Committee will review the appeal and accompanying materials and make a determination prior to the next administration. The Committee's determination is final and binding. All requests for Testing Accommodations and the appeal of the ABFM initial decision must be received and processed according to the deadlines and due dates established in Review Process set forth below.

When to request Accommodations--Examinations

Observe the timetable below for submitting requests for testing accommodations.

SCHEDULE FOR REQUESTING TESTING ACCOMMODATIONS

Actions	Time Frame
<u>Candidate</u> : Request Testing Accommodations.	When completing the online application.
<u>Candidate</u> : Submission of documentation of disability to ABFM.	Submit documentation as soon as possible, but no later than the published final deadline for the application.
<u>ABFM</u> : Decision on Applicant's Request for Testing Accommodations.	Not greater than ten (10) business days from Receipt of the Applicant's Documentation.
<u>Candidate</u> : Optional request for reconsideration of ABFM decision.	Within Ten (10) Business Days of ABFM Response
<u>ABFM</u> : Review and Determination by Credentials Committee.	Not less than seven (7) days prior to the end of the examination period.

GUIDELINES FOR DOCUMENTING A REQUEST FOR TESTING ACCOMMODATIONS

General Guidelines for all Disabilities

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. The examinee must personally initiate a request for accommodations within the online application, which will authorize the appropriate use of all information, or for release of information relative to an accommodations request. Documentation submitted in support of a request may be referred by the ABFM to experts in the appropriate area of disability for a fair and impartial professional review. Accommodations requests by a third party (such as an evaluator or a program director) cannot be honored.

- Documentation of disability assists the ABFM in determining reasonable accommodations and/or services, which are provided on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.
- The documentation submitted should be as comprehensive as possible in order to allow the ABFM to make an informed decision on the accommodation request and to avoid delays in the decision-making process.
- Documentation in support of a request for accommodations should be submitted to the ABFM early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services.
- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).
- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

The documentation should be current. Because the provision of reasonable accommodations is based on an assessment of the current impact of the applicant's disability on the testing activity, it is important that the individual provide recent documentation. As the manifestations of a disability may vary over time and in different settings, it is expected that an evaluation will have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.

To support a request for test accommodations, please submit a detailed, comprehensive written report from your treating professional describing your disability and its impact on your daily functioning. The report should also explain the need for the requested accommodations relative to your impairment. The report and accompanying documentation should clearly state the following:

- *A specific, professionally recognized diagnosis* of the disability using diagnostic codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) or other professionally recognized formulation.
- *A description of the functional limitations* resulting from the diagnosed disability, including the identification of the major life activity that is limited by the disability, and how that major life activity is impacted.
- *A description of the specific diagnostic criteria* and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test 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 using standard scores should be reported to support the diagnosis.* Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Any additional informal or non-standardized evaluation procedures should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.
- *Copies of records* relating to and documenting the candidate's disability, including a complete educational, developmental, and/or medical history relevant to the disability for which testing accommodations are being requested.
- *A recommendation of specific accommodations* and/or assistive devices for the ABFM examinations including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.
- *Identification of 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.

If accommodations have not been requested previously, the candidate must provide a detailed explanation as to why no accommodations were sought in the past and why accommodations are needed now.

Disorders Affecting Cognition & Concentration

Documentation for applicants submitting a request for accommodations based on a learning disorder or other cognitive impairment should contain all of the items listed in the General Guidelines section.

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

- *The evaluation must be conducted by a qualified professional.* The diagnostician must have comprehensive training in the field of learning disorders and must also have comprehensive training and direct experience in working with an adult population.
- *The testing/assessment must be current.* The determination of whether an individual is significantly limited in functioning according to the Americans with Disabilities Act and the ADA Amendments Act (ADAAA) 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 that demonstrates a history of impaired functioning should also be provided.
- *The documentation must be comprehensive.* Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:
 - ◇ A diagnostic interview and history. 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 and documented. The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include:
 - A description of the presenting problem(s);
 - A developmental history;
 - Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
 - Relevant family history, including primary language of the home and current level of fluency in English;
 - Relevant psychosocial history;

- Relevant medical history including the absence of a medical basis for the present symptoms;
 - Relevant employment history;
 - 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.
- ◇ *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.
- ◇ *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.
 - Tests must be appropriately normed 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:

- ◇ *Cognitive Functioning.* A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-IV (WAIS-IV); Woodcock Johnson Psychoeducational Battery- III or IV (WJ-III, WJ-IV): Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.
- ◇ *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 Woodcock-Johnson Psychoeducational Battery-III or IV (WJ-III, WJ-IV): Tests of Achievement; The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests-III (WRMT).

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of the diagnostic information. The Wide Range Achievement Test-4 (WRAT-4) and the Nelson-Denny Reading Test are useful as screening measures but are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

- ◇ *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, and motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude – Adult (DTLA-A), Wechsler Memory Scale-IV (WMS-IV), information from the Woodcock Johnson Psychoeducational Battery-III or IV (WJ-III, WJ-IV): Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.
- ◇ *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, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.
- ◇ *Actual test scores (standard scores where available).* Standard scores and/or percentiles must be provided for all normative measures. Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation. Age norms should be provided and used to interpret score data.
- ◇ *Records of academic history.* Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and postsecondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.
- ◇ *A differential diagnosis must be presented, 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:

- Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
- 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.

◇ *A clinical summary.* A well-written diagnostic summary based on 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, therefore, that the evaluator integrates all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

- Demonstration that the evaluator has ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- 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 the ABFM examinations; and
- 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 Americans with Disabilities Act and ADA Amendments Act.

◇ A rationale for each accommodation recommended by the evaluator. Accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of

accommodation in and of itself does not warrant the provision of a similar accommodation.

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 warrant in and of itself 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.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section, and address the following issues as well.

- *A qualified diagnostician must conduct the evaluation.* The professional who conducts the assessment, renders the diagnosis of ADHD, and makes recommendations for accommodation must 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 essential.
- *Documentation Must Be Current.* Because the provision of accommodations is based upon the current impact of a disability on a major life activity, an applicant should provide recent and appropriate documentation. Generally, a diagnostic evaluation must have been completed within the past three (3) years.
- *Documentation to substantiate the Attention-Deficit/Hyperactivity Disorder diagnosis must be comprehensive.*
 - ◇ *Evidence of Early Impairment must be addressed.* Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and manifests Information verifying childhood onset of symptoms and associated impairment and a chronic course of ADHD symptoms from childhood through adolescence to adulthood must be provided. Documents such as educational transcripts, report cards, teacher

comments, tutoring evaluations, job assessments and the like should be provided.

- ◇ *Evidence of current Impairment must be addressed.* In addition to providing evidence of a childhood history of impairment, the following areas must be investigated:
 - The evaluator is expected to review and discuss DSM-V diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.
 - 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.
 - The information collected by the evaluator must consist of more than self-report. Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
 - a history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
 - a developmental history;
 - a 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;
 - a review of psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems;

- relevant employment history;
 - evidence of impairment in several life settings (home, school, work, etc.), and evidence that the disorder significantly restricts one or more major life activity;
 - description of current functional limitations relative to ABFM examinations 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;
- ◇ *Alternative Diagnoses or Explanations Should Be Ruled Out.* The evaluator must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses and medical and psychiatric disorders as well as educational and cultural factors affecting the individual that may result in behaviors mimicking ADHD.
- *Relevant Assessment Batteries.* A neuropsychological or psychoeducational assessment may be necessary in order to determine 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. Scores from subtests on the Wechsler Adult Intelligence Scale - III (WAIS - III), 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 be useful, however, 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. When testing is used, age-based standard scores must be provided for all normed measures.
 - *Identification of DSM-V Criteria.* A diagnostic report must include a review of the DSM-V criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-V for specific criteria). According to DSM-V, “the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.” It is also important to address the following diagnostic criteria:
 - ◇ Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.

- ◇ Current symptoms that have been present for at least the past six months.
- ◇ Impairment from the symptoms present in two or more settings (school, work, home).
- *A Specific Professionally Formulated Diagnosis.* The report must 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.
- *A Clinical Summary.* A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:
 - ◇ Demonstration that the evaluator has ruled out alternative explanations for inattentiveness impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
 - ◇ 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;
 - ◇ Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the testing context for which accommodations are being requested; and
 - ◇ 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).
- *A rationale for each accommodation recommended by the evaluator.* The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why an accommodation is recommended. Each recommended accommodation should be correlated with specific identified functional limitations. While prior documentation may have been useful in determining appropriate services and accommodation in the past, current documentation must validate the need for services based on the individual's present level of functioning in an examination setting.
 - ◇ 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, licensing or certification examinations, etc.). **However, a prior history of accommodation**

without demonstration of a current need does not warrant in itself the provision of a similar accommodation.

- ◇ If no prior accommodation has been provided, the qualified professional 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 inattentance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

Vision Disabilities

The following guidelines are provided to assist applicants in documenting a need for accommodation based on a visual impairment. Documentation for a visual disability should contain all of the items listed in the General Guidelines section. In addition, the documentation should include:

- *A clear statement of a visual disability.* The assessment should give a detailed description 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;
- *A current evaluation of visual function.* The provision of reasonable accommodations is based on an assessment of the current impact of the examinee's visual impairment on the testing activity. Many visual conditions are variable over time and in different settings. Therefore, the documentation should reflect the most up-to-date nature of the visual condition. If the condition is normally quite variable in its presentation (e.g., optic neuritis or convergence insufficiency, the documentation should include prior evaluations that demonstrate the on-going nature of the condition;
- *Relevant history and course of the presenting symptoms;*

- *Specific diagnostic criteria and names of the diagnostic tests used, including date(s) of evaluation, specific test data, and a detailed interpretation of the data. This description should also include relevant educational, developmental, and medical history.*
- *Specific scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to vision functioning must be provided. Standardized tests of visual functioning should be used whenever these tests are available. 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, and facility), specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram).*
- *Detailed information about what therapy, medication, and low-vision aids being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data. Data that demonstrates these mitigating effects must be included in the report.*
- *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).*
- *A rationale for each accommodation recommended by the evaluator, including low vision aids, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.*

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 point. Therefore, requests for accommodations 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 accommodation (focusing) or reading eye movements (saccades).

Physical Disabilities

Documentation for applicants submitting a request for accommodations based on a physical disability should contain all of the items listed in the General Guidelines section and should be based on a comprehensive diagnostic/clinical evaluation that includes a specific diagnosis, history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data.

In addition, the documentation must show evidence of:

- the disability;

- the nature and extent of functional limitation(s) as a result of the disability;
- the need for each accommodations requested which is tied to the documented functional limitation(s). As the impact of a physical condition may change over time along with the need for accommodation, it is essential that the documentation be current, generally within one year or less (the age of acceptable documentation depends on the disabling condition, the current status of the applicant and the applicant's specific request for accommodations). When a physical disability occurs in combination with attentional, psychiatric, and/or learning disabilities, relevant information pertaining to these all conditions as they apply to the specific test-taking environment must be included.

Psychiatric Disabilities

Documentation for applicants submitting a request for accommodations based on a psychiatric disability should contain all of the items listed in the General Guidelines section. The documentation should include a comprehensive diagnostic/clinical assessment, which presents:

- a professionally recognized diagnosis;
- a summary of the assessment procedures and evaluation instruments used to make the diagnosis;
- a description of the evaluation results;
- the nature and extent of functional limitation(s) as a result of the disability; and,
- the need for each accommodations requested which is tied to the documented functional limitation(s).

The impact of psychiatric disabilities can change over time along with the need for accommodation. Therefore, it is essential that the documentation be current, generally within six (6) months (the age of acceptable documentation depends on the disabling condition, the current status of the applicant and the applicant's specific request for accommodations).

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