

Johnston Community College's Disability Services does not provide diagnostic services. If you don't have documentation, or if it is incomplete or insufficient, you should contact your medical professional for a referral to a qualified, licensed diagnostician. Disability Services does not make referrals; however, we have a list of local professionals who may be able to provide an evaluation to determine if a disability is present and its impact on the learning environment. Cost for services vary and will be determined by the diagnostician.

Please remember that appropriate documentation is an essential piece of the process, however, accommodations will be provided **only if the accommodation is directly related to the disability.**

Johnston Community College provides reasonable accommodations for students with documented disabilities. Post-secondary students no longer have IEPs because the Individuals with Disabilities Education Act (IDEA) does not exist at the college level; however, an IEP may be included as part of a more comprehensive report. Johnston Community College students are governed under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, subpart E.

Johnston Community College's Disability Services Coordinator will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the individual.

Students with disabilities are expected to satisfy the academic standards required by the college and perform essential course functions without substantially altering the curriculum requirements.

AUTISM SPECTRUM DISORDER DOCUMENTATION GUIDELINES

1. The following professionals are considered qualified to assess and diagnose autism spectrum disorder: psychologists, psychiatrists, developmental pediatricians, neurologists, or an interdisciplinary team. All reports should be on letterhead, dated, signed, and include the name, title, and professional credentials of the evaluator.

2. A psychoeducational report including social-behavioral testing should be current within five years. Documentation should substantiate the need for service based on the student's current functioning in an educational setting. If the student has been evaluated by an autism center such as TEACCH, please include the evaluation in the submitted documentation. Do not submit handwritten documents.

3. A clear diagnostic statement of the disorder, including DSM-IV, IV-R, or V diagnosis, and a summary of present symptoms must accompany the documentation. In addition, a summary of evaluation procedures, diagnostic tests used, and evaluation results should be included. A comprehensive report would include:

- Ability testing
- Achievement testing

- Specific cognitive processing evaluated for strengths and weaknesses, including visual-spatial processing
- Social-emotional status—formal assessment instruments and/or clinical interview are appropriate
- The Slosson Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the information necessary to make accommodation decisions.

The Wide Range Achievement Test is not a comprehensive measure of achievement and, therefore, is not useful as the sole measure of achievement.

4. The impact of the disability on the individual should be discussed with particular detail regarding academic and social requirements. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

ADHD/ADD DOCUMENTATION GUIDELINES

Submit a current (within 5 years) neuropsychological, psychological, or ADHD testing report specifying a diagnosis of ADHD, signed and dated by the examiner.

OR

Submit responses to the following questions completed by a medical or psychological examiner and typed on letterhead. Do not submit handwritten documentation. The documentation must include:

1. Diagnostic code (DSM-IV, IV-R, V), date of diagnosis, and date of last visit.
2. Severity of condition: mild, moderate or severe. Please provide examples.
3. How did you arrive at your diagnosis? Possible responses include: structured or unstructured interviews with the student or other persons, behavioral observations, developmental/medical history, educational history, or rating scales.
4. What medication(s) does the student take for ADHD? Do symptoms persist even with medication?
5. Describe in detail the present impact of AD/HD in two or more major areas of the student's life. Accommodations will be determined based on this information.
6. List ADHD symptoms which were present before the age of 7.
7. Please list and explain other medical conditions or psychiatric diagnoses that may affect the academic performance of this student.

MEDICAL/PHYSICAL/MOBILITY DOCUMENTATION GUIDELINES

1. Documentation should be prepared by a licensed/clinical physician qualified to diagnosis the disability. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
2. A current diagnosis with date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. DSS reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
3. The impact of the condition on the individual should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. Do not submit handwritten documentation.
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.
5. What medication(s) does the student take for medical support? Do symptoms persist even with medication?
6. In cases of head trauma or medical conditions which affect the brain, a current neuropsychological or psychological evaluation report may allow the student to be accommodated more thoroughly.

PSYCHOLOGICAL/PSYCHIATRIC DOCUMENTATION GUIDELINES

1. Documentation should be prepared by a licensed/clinical psychologist, psychiatrist, or other professional qualified to diagnosis emotional/mental health disabilities. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
2. A current diagnostic code (DSM-IV, IV-R, V), date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. DSS reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
3. The impact of the disorder on the individual should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. Do not submit handwritten documentation.
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.
5. What medication(s) does the student take for emotional/mental health support? Do symptoms persist even with medication?

6. A current neuropsychological or psychological evaluation report may allow the student to be accommodated more thoroughly.

LEARNING DISABILITY DOCUMENTATION GUIDELINES

1. The following professionals are considered qualified to assess and diagnose learning disabilities: appropriately licensed/certified clinical psychologists, school psychologists, and neuropsychologists. The professional must have expertise in evaluating the impact of the learning disability on the student's educational performance. All reports should be on letterhead, dated, signed, and include the name, title, and professional credentials of the evaluator.
2. A psychoeducational report should be current within five years. Documentation should substantiate the need for service based on the student's current functioning in an educational setting.
3. A psychoeducational evaluation should include a clinical interview. The student's developmental, academic, mental, and social history should be investigated and reported. This evaluation must include a comprehensive assessment battery including aptitude, achievement, and processing instruments.

The following aptitude tests are considered appropriate in the substantiation of a learning disability:

- Wechsler Adult Intelligence Scale-IV (WAIS-IV); Wechsler Intelligence Scale for Children-IV (WISC-IV)
- Woodcock-Johnson Test Psychoeducational Battery-III: Test of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test (KAIT)

The Slosson Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the information necessary to make accommodation decisions.

The following achievement tests are considered appropriate in the substantiation of a learning disability:

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

The Wide Range Achievement Test is not a comprehensive measure of achievement and, therefore, is not useful as the sole measure of achievement.

4. The impact of the disability should be discussed with particular detail regarding academic requirements. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

VISUAL IMPAIRMENT DOCUMENTATION GUIDELINES

1. Documentation must be provided by an ophthalmologist, optometrist, or other licensed eye care professional. All documentation must be submitted on the official letterhead of the

professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.

2. Documentation should include a diagnosis and specify best corrected visual acuity and degrees of visual field in each eye. Include the date of diagnosis, date of last visit, and severity of the condition, as well as treatment history and treatment plan.

3. Describe the impact the impairment has on the individual's visual ability and the functional limitations it may impose. The impact should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. Do not submit handwritten documentation.

4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

DEAF AND HARD –OF-HEARING GUIDELINES

1. Documentation must be provided by an otorhinolaryngologists, otologists, or audiologists. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.

2. Documentation should include a diagnosis and an audiogram indicating a clear statement of deafness or hearing loss or the severity of the hearing impairment. Include the date of the diagnosis, date of last visit, and severity of the condition, as well as treatment history and treatment plan.

3. The audiogram must reflect the current impact the deafness or hearing loss has on the individual's abilities and functional limitations. The impact should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. Do not submit handwritten documentation.

4. If specific recommendations of academic adjustments and/or auxiliary aids are made, the rationale must relate each accommodation to the functional limitations imposed by the disability.