

DIOCESE OF ORANGE

The seal of the Diocese of Orange Catholic Schools is a circular emblem with a red serrated border. Inside the border, the words "CATHOLIC SCHOOLS" are written in white on the left and "DIOCESE OF ORANGE" on the right. The center of the seal features a shield with a blue top section containing mountains, a white middle section with a green vine, and a red bottom section with white architectural details. Below the shield is an open book with a yellow cover and a blue bookmark.

SECONDARY SCHOOL DOCUMENTATION REQUIREMENTS FOR ACADEMIC ACCOMMODATIONS

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The following documentation requirements, which closely parallel those of the ACT, College Board, and DSM-V, must be followed for consideration of accommodations. Please review them carefully and share them with the psychologist completing your student's testing. Please be aware that students may not be eligible for accommodations if data in the testing report does not support the diagnosis and/or accommodation request.

- Psychoeducational testing and/or diagnoses does not guarantee qualification for high school and/or ACT/College Board exam accommodations.
- Accommodations granted on the ACT/College Board exams are decided *solely* by those organizations. Students who receive accommodations through MAPS do not automatically receive ACT/College Board accommodations.
- Doctor's notes, IEP Plans, 504 Plans, and learning plans from private schools are not utilized solely in qualifying for accommodations at Mater Dei.
- Testing and documentation must be kept current within three years. If retesting does not continue to support a previous diagnosis, students may be phased out of accommodations.
- Assessments must be completed by a licensed psychologist, psychiatrist, or school psychologist (if completed through the school district).
- While accommodations (e.g., extra test time in a distraction-free setting) may be granted, modifications (e.g., extended due dates, notes during tests, reduced workload, modified curriculum) are not permitted at Mater Dei.

REQUIRED TESTS & DOCUMENTATION

Results (scaled/standard scores and percentiles/levels of significance) are required from the *current* editions and *complete batteries* from a test in each of the following sections.

Cognitive	Wechsler Intelligence Scale for Children (WISC) Wechsler Adult Intelligence Scale (WAIS) Woodcock-Johnson Cognitive Battery
Achievement	Wechsler Individual Achievement Test (WIAT) Woodcock-Johnson Achievement Test
Memory	Children's Memory Scale Wechsler Memory Scale Wide Range Assessment of Memory and Learning
Ratings	Parent ratings and at least <i>three</i> current teacher ratings assessing attention, behavior, and emotional functioning (i.e., BASC, Connors, SNAP-IV) are required.
Supplemental	Specific tests should be utilized to rule in or rule out suspected learning and attention differences (e.g., Gray Oral Reading Test, Beery Visual-Motor Integration Task, Bender Visual-Motor Gestalt, Nelson-Denny Reading Test, Continuous Performance Test, TOVA, etc.).

The following tests *are not* accepted as forms of documentation:

Wechsler Abbreviated Scale of Intelligence
Reynolds Intellectual Screening Test
Slosson Intelligence Test
Kaufman Brief Intelligence Test
Woodcock-Johnson Brief Intellectual Ability
Kaufman Test of Educational Achievement- Brief Form
Portions of/selected subtests from cognitive, achievement, or memory tests

Reports *must* include the following information:

	Referral question and description/history of presenting problem
	Neonatal/birth history (complicated birth, hypoxia, low APGAR scores, etc.)
	Medical history (seizures, concussions, serious illnesses, etc.), including medication history (medication and dates taken, reason for medication, etc.); note if the student was on medication during the assessment.
	Patient and family history of learning, attention, psychiatric, and/or medical disabilities
	Previous <u>and</u> current grades <u>and</u> standardized test scores (e.g., STAR, IOWA, Stanford, etc.) listed by grade level <i>to demonstrate a pattern/history of academic performance</i>
	Previous psychoeducational testing results, including dates of testing, tests administered, standard scores and percentiles, DSM-V diagnoses, etc.
	Accommodations/modifications previously provided and utilized by the student. If no accommodations have been used in the past, a detailed reason of why none have been used and why they are needed now should be provided.
	A clinical interview with parent(s) and student, and description of student's affect, attention level, mood, and work style during testing.
	An interpretive summary must substantiate a DSM-V diagnosis, supported via academic history/patterns, attempted interventions, testing results, and <u>specific major life impact</u>
	Substantial limitations (adverse effects on learning or other major life activities) resulting from the learning difference must be documented and supported by the testing results
	Description of why recommended accommodations are needed, with rationale explaining how they address the substantial limitations and alleviate the impact of the learning or attention difference.

Please Note:

Diagnoses are based on a history and current *pattern of below average* scores that also fall *well below* one's cognitive ability, despite attempted, documented interventions.

Diagnoses should not be based solely on previous diagnoses, occasional below average subtest scores, or a single test (i.e., using the CPT or TOVA alone to diagnose ADHD).

Testing scores from supplemental tests to consider a differential diagnosis from co-existing disorders must be included as part of a thorough assessment.

A prior history of testing accommodations, without demonstration of a current functional limitation, does not in and of itself warrant the approval of current accommodations.

Failure to finish timed tests or slow processing speed cannot be used in isolation to demonstrate impairment or need for accommodations. Likewise, scores that place in the average range, even if they are lower than one's intellectual functioning, do not establish that one has a substantial limitation to a major life activity as compared to most people, and does not demonstrate the need for accommodations.

Non-specific diagnoses and language such as "failure to finish timed tests, slow processing speed, anxiety, academic weaknesses, may have/suggests a diagnosis of," are not considered diagnostic.

Documentation of Psychiatric Conditions

Testing and documentation on pages 1-5 of this packet must be conducted in most cases.

A specific DSM-V diagnosis, the student's current level of functioning, impairment in an academic setting, and specific rationale for accommodations must be documented.

Documentation must come from a qualified, licensed professional (e.g., psychiatrist, psychologist, or neurologist).

Ongoing level of daily life impact must be updated *annually*, as severity of psychiatric conditions may fluctuate.

Anxiety as related to school performance and test-taking does not in and of itself qualify a student to receive accommodations. Most often, psychiatric conditions must be co-morbid with an attention or learning difference (following documentation requirements) to qualify for accommodations.

Documentation Requirements for Attention Deficit Hyperactivity Disorder

Testing and documentation as listed on pages 1-5 of this packet must be followed. It should be noted if the student was taking medication when the assessment took place.

Initial diagnosis of ADHD: Date and age at initial diagnosis, diagnosing professional, tests administered, DSM-V symptoms, level of impairment, and interventions.

Evidence of onset prior to age 12: Symptoms of inattention, hyperactivity, or impulsivity prior to age 12 must be documented in the report via a previous diagnosis/assessment, teacher comments on report cards, detailed parent report, etc.

Current evidence of impairment across two or more settings: Impact across two different settings (e.g., academic failure/struggle, poor social/familial functioning, behavioral/psychological problems) via school records, teacher/parent/self-ratings, report card comments, etc., must be documented to fulfill ADHD diagnostic qualifications.

Rating scales: Standardized rating scales from parent(s) and **at least three** teachers, with percentiles and levels of significance, must be included. Teacher ratings must be included to assist in demonstrating impact in a school setting.

DSM-V criteria: The applicable DSM-V symptoms the student is affected by, and a description of how they impair functioning (e.g., *measurable* impairment in academic achievement, social, daily adaptive, executive functioning, etc.) should be included in the report.

Rule/out diagnoses: Other diagnoses and conditions that can mimic ADHD symptoms (e.g., allergies, seizures, sleep disorders, hearing/vision problems, anxiety, depression, etc.) must be ruled out via clinical interviews, supplemental tests, and rating scales.

Tests of attention/executive functioning: Tests such as CPT, TOVA, and Wisconsin Card Sorting Test, with standard scores, percentiles, significance, and explanation of results, are recommended to support a diagnosis of ADHD. *These tests should never be used in isolation to diagnose ADHD.*

Please note: A diagnosis of ADHD in and of itself, without evidence of *current impairment across two different settings*, does not guarantee accommodations.