Documentation Guidelines for Traumatic Brain Injury

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed equal access to academic programs and university services. In order to request an accommodation as the result of a traumatic brain injury, a student must provide the Office of Disability Services (ODS) with documentation indicating that the disability substantially limits some major life activity, specifically learning.

Traumatic brain injuries, and other acquired brain injuries, can range in severity and impact, from concussions whose affects can be felt for days, to lesions that result in chronic physical and/or cognitive symptoms. Therefore, a diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations; documentation from a qualified professional must support the request for accommodations.

Students submitting documentation of physical and/or cognitive sequelae related to traumatic brain injury (e.g., head trauma, CVA’s, tumors, other medical conditions) must submit evidence of a functional impairment in major life activities relevant to the classroom. Such documentation should include:

I. Qualifications of the Evaluator

Professionals conducting assessments rendering diagnoses of brain injuries and making recommendations for appropriate accommodations must be qualified to do so.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed neuropsychologist) as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation.

Use of diagnostic terminology indicating a brain injury by someone whose training and experience are not in these fields is not acceptable. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families. All reports should be on letterhead, typed, dated, signed and otherwise legible.

II. Documentation

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his or her academic performance at a given time in the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation relevant to the student's learning environment.

In some instances, documentation may be outdated, inadequate in scope, or content. It may not address the student's current level of functioning or need for accommodations because observed changes may have occurred in the student's performance since the previous assessment was conducted. In such cases, it may be appropriate to update the evaluation report. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional, should include a rationale for ongoing services and accommodations.
III. Substantiation of the Disability
Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis.

A. Diagnostic Interview
An evaluation report should include the summary of a comprehensive diagnostic interview. Relevant information regarding the student's academic history and learning processes in elementary, secondary and postsecondary education should be investigated. The diagnostician, using professional judgment as to which areas are relevant, should conduct a diagnostic interview which may include: a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

B. Assessment
The neuropsychological or psycho-educational evaluation for the diagnosis of a traumatic brain injury must provide clear and specific evidence that a traumatic brain injury does or does not exist. Assessment(s) should address the areas of attention, visuoperception/visual reasoning, language, academic skills, memory/learning, executive functioning, sensory skills, motor skills, and emotional status.

The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, learning, behavioral, and/or personality disorders that may confound the diagnosis. Records of academic progress prior to the onset of the TBI must be reviewed to substantiate that the current level of functioning is a direct cause of the injury (i.e., function has changed as a result of the injury).

C. Test Scores
Standard scores and/or percentiles should be provided for all normed measures. Grade equivalents are not useful unless standard scores and/or percentiles are also included. The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.

The tests used should be reliable, valid and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the disability. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

E. Clinical Summary
A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the
current context. It is essential, therefore, that professional judgment be utilized in the development of a clinical summary.

The clinical summary should include:

I. demonstration of the evaluator's having ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language differences;

II. indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a disability;

III. indication of the substantial limitation to learning or other major life activity presented by the disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested;

IV. an indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations).

IV. Recommendations

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not, in and of itself, warrant the provision of a similar accommodation.

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact the diagnosis has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in a diagnostic report, the disability service provider may seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the institution.

In instances where a request for accommodations is denied, a written grievance or appeal procedure is in place and may be obtained from the Office of Disability Services.