Measuring the Power of Learning.™

TIPS FOR EVALUATORS
of Adolescents and Adults with Disabilities

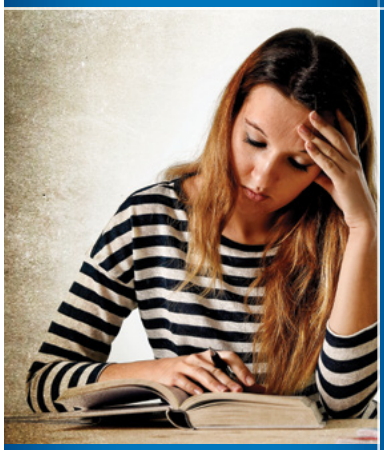
INTRODUCTION

ETS receives more than 12,000 requests for accommodations from individuals with disabilities each year for our graduate and professional tests and our high school equivalency test. Testing agencies such as ETS are responsible for providing access to these tests for candidates with disabilities, along with reasonable accommodations to ensure fairness for all test takers.

ETS strives to take a fair and balanced approach that is not overly burdensome to the test taker and to apply documentation guidelines uniformly across all test takers. Changes to our documentation guidelines were made in 2015 based on guidance from the U.S. Department of Justice, the evolving legal landscape and changes initiated by college disability services offices. Despite these changes, documentation remains our primary source of information concerning an individual's disability and need for accommodations. We review each request with the accompanying documentation on a case-by-case basis, considering all the scores as well as the qualitative descriptions reported by the evaluator.

The evaluator's role in this process is critical. By providing ETS with thorough, accurate and up-to-date disability documentation, the evaluator can ensure that the process moves smoothly and that the test taker receives the fair and reasonable accommodations needed to mitigate the effects of the disability. It is unfortunate when a test taker submits information from an evaluator who has not made a convincing case for the requested accommodations. When this happens, the test taker receives a "preliminary review letter" which describes the additional information that might be helpful to support the requested accommodations.

The Office of Disability Policy (ODP) offers the following summary of our guidelines to help evaluators as they write diagnostic reports for individuals with disabilities who are planning to take one of ETS's tests. For information on the ETS Documentation Guidelines for specific disabilities, such as learning disabilities (LD), ADHD, autism spectrum disorder (ASD), traumatic brain injury (TBI), psychiatric and physical disabilities, and intellectual disabilities (ID), consult the ODP website at **www.ets.org/disabilities**. Familiarity with our accommodations guidelines and procedures is the best way for evaluators to prevent unnecessary delays in the process.



CORE FEATURES: ALL DIAGNOSTIC REPORTS

Appearance of the diagnostic report

Documentation should be legible (typed or printed in English on letterhead), dated and signed. It should include the name, title and professional credentials of the evaluator as well as the test taker's identifying information (full name and date of birth).

Qualified evaluator

Professionals conducting assessments, rendering diagnoses of disabilities, offering clinical judgments and making recommendations for accommodations must have the training, expertise and appropriate licensure/certification to do so. Evaluations conducted by interns supervised by an appropriately credentialed professional are also acceptable.

Recency

The provision of reasonable accommodations is based upon the current impact of the test taker's disability on the testing activity. Therefore, it is necessary to provide recent documentation. Review the charts in the section titled "Synopsis of Key Areas of Evaluation by Disability Type" for the recency requirements for the specific disability being assessed.

History and background

An early history of a disability can be a key factor in substantiating an ongoing disability. If the disability was identified early in the test takers' academic career, it is important for the evaluator to establish this fact as well as how the disability manifested itself. This section should include a comprehensive history of presenting problems associated with the disability, as well as information on the test taker's medical, developmental, educational, employment and family history. This should also include the date of initial diagnosis, as well as the duration and severity of the disability.

Relevant observations of behavior

Behavioral observations, combined with the clinician's professional judgment and expertise, are often critical in helping to formulate a diagnostic impression and determining the appropriateness of requested accommodations.

Specific diagnosis/diagnoses

A clear statement of the disability should be included in the report and based on the most recent edition of the DSM or the ICD (preferably listed in a specific diagnostic section of the report with the nominal diagnosis and accompanying diagnostic code).

Current functional limitations

A full discussion of the candidate's limitations due to the disability and its impact on academic performance, employment and major life activities (e.g., caring for oneself, performing manual tasks) is extremely helpful.

Specific recommendations with a rationale based on objective evidence

It is important to establish a link between the requested accommodations and the manifested symptoms of the disorder that is pertinent to the anticipated testing situation. If a student has no history of accommodations but they appear to be warranted now, the evaluator must develop a strong rationale for why the accommodations are necessary at this time.

CORE FEATURES OF TYPES OF DIAGNOSTIC REPORTS FOR LD, ADHD, ASD, TBI AND/OR ID

Reason for referral and history of the problem

There should be a clear and detailed history that supports the reason for referral, along with corroborative data from school records whenever possible. This may include failed courses, multiple incompletes in coursework, slow reading or an uneven job history. If accommodations are needed in the testing situation but not in other circumstances, the report should justify this distinction. In most cases, if the test taker has a disability in learning or attention that is substantially limiting to a major life activity, it usually affects areas other than test taking.

Evaluation measures used in the report

It is important that all evaluation measures used in the report are reliable, valid and age-appropriate, and that the most recent edition of each diagnostic measure is used. When an evaluator uses a diagnostic instrument that is not age-appropriate, that should be noted along with the rationale for its use.

Similarly, if an evaluator readministers a test too frequently within a two- or three-year period, he or she should acknowledge that there may be a practice effect operating that can bias the scores.

Evaluators need to find a balance between testing too much and not enough. If the initial battery is too limited, then costly retesting may be requested by the testing agency.

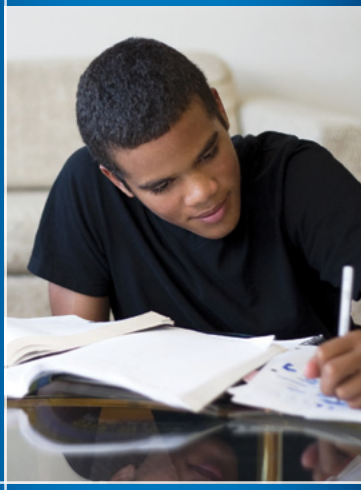
Scores should be reported as standard or scaled scores, as applicable, and/or as percentiles. Age- and grade-equivalent scores are not particularly helpful when reviewing psychometric evidence on adults and young adults. If any test protocol is altered during the test administration, it should be reported, as should score comparisons based on a nonstandard administration.

Clinical summary

A clinical summary that recaps the most salient points of the report and synthesizes key findings is very helpful. This should reiterate evidence that the requested accommodations are grounded in objective diagnostic data, in addition to clinical observations and judgment. If the candidate used additional time during diagnostic testing, then the evaluator should clearly state how this additional time was utilized (e.g., rereading materials or slow processing) to shed further light on the need for extended testing time. It is suggested that the evaluator not become overly reliant on a computerized printout of test scores but consider other factors, including the test taker's perspective, to create a more compelling document.

Documentation updates

ETS is aware of the cost often borne by test takers with disabilities who are seeking accommodations for our tests and whose documentation may exceed the recency requirements. To address this concern, ETS allows documentation updates for test takers with LD, ADHD, ASD, TBI and ID. A documentation update is a brief report or a narrative by a qualified professional that includes a summary of the previous disability documentation findings, as well as additional clinical and observational data to establish the candidate's current need for the requested testing accommodations. For LD, ADHD and ID, the documentation update may also include updated academic achievement testing that substantiates the ongoing impact of the disability on academic performance. Although not required in the documentation update for TBI and ASD, academic achievement testing may be helpful to demonstrate the individual's functional limitations.



SYNOPSIS OF KEY AREAS OF EVALUATION BY DISABILITY TYPE

The following charts summarize the key areas of evaluation for specific disability types.
These charts describe essential components that are necessary for comprehensive documentation.

Key Areas of Evaluation for LD, ADHD and ASD

	LD	ADHD	ASD
Qualified Professional	Clinical, school or educational psychologists, neuropsychologists, learning disabilities specialists	Licensed psychologists, neuropsychologists, psychiatrists, other relevantly trained medical doctors	Psychologists, neuropsychologists, speech/ language therapists, occupational therapists, psychiatrists, other relevantly trained professionals
Evaluation Recency	Five years		
Intelligence	Measurement of intelligence using a measure with adult norms, such as the most recent edition of the WAIS or WJ		
Executive Functioning	Assessment of ability to engage in goal setting, planning, working flexibly toward an outcome and monitoring one's own performance		
Processing Abilities	Measures of memory, reasoning, processing speed, and the ability to process visual and/or auditory information		
Academic Achievement	Comprehensive evaluation of academic achievement using tools such as the most recent version of the WJ, WIAT or SATA (screening tools such as the WRAT are not appropriate)		
Age of Onset	Age of onset, developmental history and progression over time	Developmental history should demonstrate that symptoms were present in multiple settings prior to the age of 12 and continue to the present time	Age of onset, developmental history and progression over time
Rule Out Alternative Explanations	Other explanations for lack of educational progress — such as emotional factors, English as a Second Language or other conditions — should be investigated and ruled out	Other explanations for the problems with attention that may be due to emotional factors, medication side effects or learning disability should be discussed	Other explanations for limitations and/or co-occurring disabilities, such as psychiatric disabilities, should be fully addressed
Other Considerations That May Prove Helpful	Discussion of speaking and/or listening abilities, as well as any pragmatic communication issues If psychiatric co-morbidity is involved, documentation from a psychiatrist should be considered	Discussion of medication history, medication regimen and adherence, side effects (if relevant) and positive/negative responses to medication If psychiatric co-morbidity is involved, documentation from a psychiatrist should be considered	Discussion of speaking and/or listening abilities, as well as any pragmatic communication issues Discussion of medication history, medication regimen and adherence, side effects (if relevant) and positive/negative responses to medication If psychiatric co-morbidity is involved, documentation from a psychiatrist should be considered

The evaluation report should include an integrated analysis of all assessment measures and a diagnosis, as well as recommendations for accommodations with a disability-related rationale.

Key Areas of Evaluation for Psychiatric Disabilities, Physical Disabilities and TBI

	Psychiatric Disability	Physical Disability	TBI
Qualified Professional	Licensed psychologists, neuropsychologists, psychiatrists, other relevantly trained medical doctors, clinical social workers, school psychologists, psychiatric nurse practitioners	Medical doctors, surgeons, chiropractors, physical and speech therapists, neuropsychologists, other relevantly trained health care professionals	Clinical psychologists, neuropsychologists, neurologists, occupational therapists, speech and language pathologists, and medical doctors with training and experience in the assessment of TBI in adolescents and adults
Evaluation Recency	Evaluation should have been conducted or updated within the past year	If the disability is of an unchanging nature, documentation does not need to be recent For physical disabilities of a changing nature or health-related needs, documentation should be within the past year	If the date of injury occurred within the past year, current documentation is recommended If the date of injury exceeds one year, documentation should be within the past three years
Intelligence	Assessment of intellectual ability may prove helpful when considering accommodations	If applicable	Measurement of intelligence using a measure with adult norms, such as the most recent edition of the WAIS or WJ, is required
Executive Functioning	Assessment of executive functioning may prove helpful when considering accommodations	If applicable	Assessment of ability to engage in goal setting, planning, working flexibly toward an outcome and monitoring one's own performance are helpful
Processing Abilities	Assessment of processing ability may prove helpful when considering accommodations	If applicable	Measures of memory, reasoning, processing speed, and the ability to process visual and/or auditory information are helpful
Academic Achievement	Assessment of academic achievement may prove helpful when considering accommodations	If applicable	Comprehensive evaluation of academic achievement using tools such as the most recent edition of the WJ, WIAT or SATA (screening tools such as the WRAT are not appropriate)
Date of Onset	Date of initial diagnosis		Date of traumatic event
Rule Out Alternative Explanations	Other possible explanations, such as ADHD, substance abuse, etc., should be investigated and ruled out	All medical conditions should be fully discussed	Other possible explanations, such as ADHD, substance abuse, etc., should be investigated and ruled out
Other Considerations That May Prove Helpful	Objective data from individually administered tests designed to measure emotional functioning and personality, as well as subjective data (including self-report provided during intake interview)	Side effects of medications the patient experiences should be discussed	Discussion of co-occurring disabilities, such as physical, psychiatric and/or sensory limitations caused by the TBI, if applicable

Key Areas of Evaluation for Blindness/Low Vision and Deaf/Hard of Hearing

	Blindness/Low Vision	Deaf/Hard of Hearing
Evaluation Recency	For *blindness/legal blindness*, documentation does not need to be current For *low vision*, documentation from within the past three years is required For convergence insufficiency or other vision issues, documentation within the past three years is required	For *deaf/hard of hearing* individuals, documentation does not need to be current unless there is significant change in hearing status or amplification use For conditions such as tinnitus, updated documentation within the past three years is recommended
Additional Necessary Data	Statement of visual acuity and/or visual fields Date of onset of vision loss Functional impact on processing speed, reading and/or test taking Use of accommodations, corrective lenses and/or assistive devices is helpful	Audiogram or audiometric report, preferably including both aided and unaided data if the individual uses amplification regularly Date of onset of hearing loss Statement regarding permanent or fluctuating nature of the hearing loss History of accommodations use Information on the effectiveness of hearing aids, cochlear implants, other assistive devices and accommodations is helpful

For more information, contact us:

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