

Documentation Guidelines/Requirements

These guidelines and requirements apply to candidates requesting ADA-eligible accommodations. There is no guarantee that candidates receiving special accommodations in prior examinations will need or receive the same degree of accommodation, or any accommodation, on future examinations.

Keep in mind that not all disorders and conditions will result in an accommodation. Having been diagnosed with an impairment or disability does not automatically mean that you will qualify for an accommodation.

1. Filing

The Request for Test Accommodation form must be received by the registration deadline for that test administration. Supporting documentation must have been completed by an appropriate evaluator and contain the information detailed below.

2. Qualification of the Evaluator

The documentation should be printed on business or official letterhead and should include evidence of the professional's license or certificate of competency. The report should be signed and dated by the professional.

3. The Evaluation Must be Current

All psychological or psychiatric evaluations must have been conducted within the last three years. All medical / physical conditions require documentation of the treating physician's examination conducted within the previous three months.

4. The Documentation Must be Complete

The documentation provided by the professional should provide a clear rationale for the requested accommodation based on professionally acceptable diagnostic information, including test results of the disabling condition.

The following must be included:

- Original and Specific Diagnosis
- All Test Results or Scores, Laboratory findings, and any other Clinical Data
- A Clinical Summary relating the test scores to the diagnosis
- Recommendations for specific accommodations relative to the examination for which the candidate is registered
- A record of medications including the prescribing physician, dosage, and the impact the use of the medications has had on the patient.

5. Specific Recommendations

Evaluators must submit a complete justification for their recommended accommodation, based on the specific studies, documentation, and the duration and requirements of the corresponding NBEO examination sessions for which the candidate is registered.

6. Description of Previous Accommodations

Candidates who have long-term, disabling conditions should briefly describe the need for, and receipt of, previous special testing accommodations, including accommodations provided for other standardized examinations, and the resulting benefits of those accommodations.

Plan ahead! Only completed applications received in accordance with the ADA Application Deadline and Documentation Guidelines will be reviewed and no appeals submitted after the ADA Deadline will be accepted.

Documentation Requirements for NBEO Accommodations

Documenting Learning Disabilities

I. Introduction

All examinees requesting accommodations on NBEO examinations, regardless of the nature of their condition or disability, must provide the following:

- 1. Accommodations Request Form** (downloadable from the website). Include a detailed description of your disability and indicate specifically the accommodations you believe are necessary for you to take the NBEO examinations.
- 2. Relevant medical or academic records.** Because learning disabilities are most commonly manifested initially during childhood (even if not diagnosed until later), relevant records detailing difficulties in elementary, secondary and post-secondary education should be included. Records such as grade reports, Individual Education Plans, 504 Plans, transcripts, teachers' comments will serve to substantiate self-reported past and current academic difficulties.
- 3. A detailed written report** from an evaluator (see more below), based on a comprehensive psychoeducational evaluation:
 - a) The report must be on the evaluator's letterhead
 - b) The evaluator must be qualified
 - c) The evaluation must be current
 - d) The report must contain comprehensive, relevant historical information
 - e) The report must include all scores, subtest scores, and Index scores
 - f) The report must show evidence of a significant current impact on functioning (in a major life activity)
 - g) The report must demonstrate that alternative explanations for the condition have been investigated and ruled out
 - h) The report must include a specific diagnosis
 - i) The report must include specific recommendations
 - j) The report must be signed by the evaluator.

Keep in mind the following critical points:

1. All documentation must be received by the NBEO in accordance with NBEO deadlines.
2. Many requests that we review are **incomplete**. Whenever possible, the National Board will indicate what (if any) specific pieces of documentation are missing in order to make an informed decision about testing accommodations. Candidates who submit documentation that is outdated, incomplete, or otherwise insufficient may be asked to update and/or supplement their documentation. For these reasons, it is in your best interest to submit your documentation as early as possible. **Only completed applications received in accordance with the ADA Application Deadline and Documentation Guidelines will be reviewed and no documentation or appeals submitted after the ADA Deadline will be accepted.**
3. Your request and documentation will not be returned to you. We advise you to retain copies of everything you submit.
4. Give a copy of these Documentation Requirements to your evaluator, and ask him/her to carefully read this important information prior to your evaluation.

II. General Requirements of the Psychoeducational Evaluation

All examinees who are requesting accommodations based on a diagnosis of a learning disability must provide us with a copy of a comprehensive psychoeducational or neuropsychological evaluation.

1. Any diagnosis of a learning disability must be based on the aggregate of relevant history, test results, and level of current functioning, along with clinical judgment. It is standard practice to base a diagnosis on more than one or two tests.
2. Tests must be appropriately normed for the age of the examinee and must be administered in the standardized manner as designed by the test publisher. All tests should be designed and normed for use with adults.
3. All test scores must be provided (age-based standard scores when available). Evaluators should use the most recent form of a test and the most recent norms that are available, and the report 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.
4. A qualified professional must administer the tests in the evaluation. An individual is deemed to be qualified to conduct a neuropsychological or psychoeducational evaluation if s/he has had extensive graduate-level training in the area of learning disabilities. This usually includes formal education and training in the history, nature, identification, and remediation of learning disabilities. In most cases, the examiner should have a doctoral degree. However, simply having a particular degree or license does not automatically mean that the evaluator has had sufficient formal training and expertise in learning disabilities. *Training and experience in the administration of psychological tests does not presuppose training in the identification of learning disabilities.*
The name, title, and professional credentials of the evaluator must be clearly stated in the documentation, along with evidence of formal training and experience in the identification of learning disabilities. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adolescents and/or adults with learning disabilities. The NBEO reserves the right to request evidence of an evaluator's professional qualifications. Diagnoses and documentation provided by family members, even if otherwise qualified, will not be accepted.
5. For most individuals, a learning disability is developmental, and thus is viewed as a life-long condition. For other individuals, a learning disability may be "acquired" as a result of neurological trauma. Because the provision of reasonable accommodations is based on assessment of the *current impact* of the applicant's disability on the testing activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may change over time, an evaluation must have been conducted within the past three years. The written report must include the dates of the testing.

III. Structure of the Psychoeducational Evaluation

The preferred structure for a diagnostic report is suggested below; alternative report-formats are acceptable only if they cover the same content and meet the same criteria.

A. Identifying Information

The first page of the report should be printed on the evaluator's letterhead, and should provide relevant identifying information, including the examinee's name, date of birth, the testing dates, age at the time of testing, and grade and school (if applicable).

B. History & Background

Because learning disabilities 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 post-secondary education should be investigated and documented. The report should include a summary of a comprehensive diagnostic interview that includes relevant background information. In addition to the candidate's self-report, the report should include:

1. a description of the presenting problem(s);
2. relevant developmental and psychosocial history;
3. relevant school and academic history including study habits, attitudes, notable trends in academic performance, and discussion of how the learning disability has impacted previous academic performance;
4. relevant family history, including primary language of the home and current level of fluency in English;
5. relevant medical history including the absence of a medical basis for the present symptoms; this includes indication of the applicant's last physical exam, and results of audiological, vision, and other relevant medical evaluations;
6. relevant employment history and discussion of how the learning disability has impacted job performance (if applicable).

The report should include information regarding accommodations that have been made in the past, including elementary or secondary school, during college, or for other standardized examinations. Note, however, that the fact that an accommodation has been granted on a previous occasion does not guarantee similar accommodations for the NBEO examinations.

If available, provide score reports for other standardized admission tests, such as the SAT or ACT, and indicate what accommodations, if any, were allowed. If no prior accommodations have been provided, the evaluator should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

C. Other Reports

This section of the report should include results of any previous psychological, psychoeducational, or neuropsychological testing.

D. Test Conditions and Psychometric Properties

The report should clearly indicate the test conditions (i.e., location, time of day), especially in situations where the test conditions may have impacted the examinee's performance (i.e., late in the day, in a noisy room in a school building). In addition, the report should indicate that all tests are standardized, nationally-normed tests, and that all scores are based on age-norms (except when unavailable from the test publisher). Grade-normed and grade-equivalent scores do not need to be provided.

E. Behavioral Observations

This is a critical component of the diagnostic report. The clinician is in the best position to document the impact of the disability as it may be manifested during the evaluation. These behavioral observations, combined with the clinician's judgment and expertise, are often critical in helping the clinician formulate a diagnostic impression. The evaluator should describe in detail the relevant test-taking behaviors that impact upon the examinee's performance. The evaluator should specifically indicate if a particular behavior may have adversely impacted the examinee's performance on a test. The evaluator should indicate if the behaviors noted during testing are consistent with the diagnosis, or if not, why not. *Potential* issues might include the examinee's level of motivation and cooperation during testing, anxiety level, attention, and oral language or social communication problems.

F. Diagnostic Criteria

The evaluator must establish that the examinee in fact has a learning disability based on diagnostic criteria that are generally and widely accepted, such as DSM-IV-TR. (See Appendix A.)

G. Test Results

The report should list the tests that were administered, with accompanying scores, and detailed interpretation, following the guidelines of the Diagnostic Criteria (above). The report should describe in detail the individual's *functional limitations* due to the impairment, including the potential impact on the NBEO examination. The evaluation should include at least the following:

- 1. Intelligence.** The evaluation should include measurement of intellectual ability, using a comprehensive intelligence battery that includes multiple subtests. All subtest and index scores should be reported.
- 2. Academic achievement.** The evaluation must include multiple measures in each area of academic achievement (oral receptive or expressive language, reading, writing, spelling, math). The evaluation must include timed as well as untimed tests in each academic area (reading, written language, and math). If the examinee believes that there is difficulty with performance on longer timed tests, then the evaluation should include at least one measure of timed sustained reading comprehension. The report should clearly establish a statistically-significant discrepancy between intelligence and an area of academic achievement.
- 3. Processing abilities.** At its core, a learning disability is a breakdown of information processing in such areas as auditory processing (phonemic awareness, phonological processing), visual processing (visual-motor coordination, visual-spatial processing), memory abilities (short-term or long-term), reasoning abilities, or processing speed. ***A processing deficit must be demonstrated using multiple tests, not just one.***

4. Impact of the processing deficit(s).

The report should clearly delineate the relationship between the processing deficit and the areas of underachievement. Rarely does a processing deficit impact only one area of functioning; the pattern of difficulties due to the processing deficit should be discussed.

There should be a clear, plausible relationship between a specific processing deficit and one or more areas of underachievement.

5. Exclusionary criteria.

In order to diagnose a learning disability, other possible explanations for the underachievement must be systematically investigated and ruled out. These include (but are not limited to) emotional factors, attention, medical factors, effort and motivational factors, previous instruction (or lack thereof), and English as a second language (ESL). If there is any history of emotional difficulties, the evaluation should include objective assessment of emotional functioning, and the report should clearly indicate the extent to which emotional factors are (or are not) contributing to the presenting concerns.

NOTE: In situations where an individual is thought to have two or more disorders, such as a learning disability and Attention-Deficit/Hyperactivity Disorder (ADHD), the diagnostic report must clearly describe the unique impact of each disorder.

H. Integrative summary

The report should include a detailed, individualized integration of previous test results, relevant history, current test results, and clinical impressions. Computer-generated reports are not acceptable.

I. Diagnosis

The report should include a specific diagnosis of the disability. A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-IV-TR diagnostic categories for learning disorders.

J. Evaluator's Recommendations

1. It is essential that the recommendations be individualized; it is critical that the recommendations logically follow from the evidence of the history, test results, and the related documentation. Not all examinees are the same; not all learning disabilities are the same; the impact from learning disabilities is not always the same; therefore, accommodation needs will not always be the same.

2. The recommendations should describe the rationale for each accommodation or modification, which should be based on evidence from the testing. This should include a detailed explanation for why each accommodation is needed and how it will reduce the impact of the identified functional limitations, specifically in relation to the NBEO examinations.

3. The evaluator should recommend specific accommodations and/or assistive devices. If additional time is requested, the evaluator must specify a precise amount of additional time (e.g. 25 percent additional time or time-and-a-half). The rationale for each requested accommodation should be included, based on the evidence from the testing. A request for an untimed exam, or simply "extra time", is not sufficient.

IV. Additional Requirements for ADA & ADAAA

Having a diagnosed impairment does not automatically entitle someone to accommodations on National Board exams. To receive accommodations, an applicant must not only demonstrate that s/he has an impairment, but that the impairment is a disability within the meaning of the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA).

In order to establish a disability, an individual's performance in a major life activity must be compared to that of the average person in the general population. For example, it is not sufficient to demonstrate that an individual's reading achievement is significantly below IQ; the reading ability must also be substantially limited relative to an average person in the general population. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, reading, concentrating, communicating, and working.

Appendix A: Definitions of Learning Disability

The definition of learning disability included in the Individuals with Disabilities Education Act (IDEA) is as follows: "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

An alternative definition of learning disabilities was developed by the National Joint Committee on Learning Disabilities (NJCLD). Members of this group included the Council for Learning Disabilities, the American Speech-Language-Hearing Association, CEC's Division for Learning Disabilities, the International Reading Association, the Orton Dyslexia Society (now the International Dyslexia Association), and the Association for Children and Adults with Learning Disabilities.

The definition is as follows: "Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not, by themselves, constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilities (e.g., sensory impairment, mental retardation, serious emotional disturbance), or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences (NJCLD, Learning Disabilities: Issues on Definition, January, 1990).

Another group, now called Learning Disabilities Association of America, advocated for the following definition: "Specific Learning Disabilities is a chronic condition of presumed neurological origin which selectively interferes with the development, integration, and/or demonstration of verbal and/or nonverbal abilities. Specific Learning Disabilities exists as a distinct handicapping condition and varies in its manifestations and in degree of severity. Throughout life, the condition can affect self-esteem, education, vocation, socialization, and/or daily living activities" (Association for Children with Learning Disabilities, 1986)