

**AHIMA  
GUIDELINES FOR DOCUMENTING A REQUEST FOR TEST  
ACCOMMODATIONS**

**GENERAL GUIDELINES FOR ALL DISABILITIES**

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. The examinee must personally initiate a written request for accommodations or for release of information relative to an accommodations request. Documentation submitted in support of a request may be referred to experts in the appropriate area of disability for a fair and impartial professional review. Accommodation requests by a third party (such as an evaluator) cannot be honored.

- Documentation of disability assists AHIMA in determining reasonable accommodations under the Americans with Disabilities Act, which are determined on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.
- The documentation submitted should be as comprehensive as possible in order to allow AHIMA to make an informed decision on the accommodation request and to avoid delays in the decision-making process.
- Documentation, along with the AHIMA Test Accommodation Request Form should be submitted to AHIMA early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services within registration deadlines.
- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no familial relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).
- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

**The documentation should be current.** 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 vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.

**To support a request for test accommodations, please submit the following materials:**

1. A completed AHIMA Test Accommodation Request Form.
2. A detailed, comprehensive written report from your treating professional describing your disability and its impact on your daily functioning. The report should also explain the need for the requested accommodations relative to your impairment.

The report and accompanying documentation should clearly state the following information:

1. **A specific, professionally recognized diagnosis** of the disability using diagnosis(es) from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other professionally recognized formulation.
2. **A description of the functional limitations** resulting from the diagnosed disability, including the identification of the major life activity that is limited by the disability, and how that major life activity is impacted
3. **A description of the specific diagnostic criteria** and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history.
4. **Specific test results using standard scores should be reported to support the diagnosis.** Diagnostic methods used should be appropriate to the disability and current professional practices within the field. All scores generated by each test must
5. be reported in standard score format using adult age-based norms. Any additional informal or non-standardized evaluation procedures should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.
6. **Copies of records** relating to and documenting the candidate's disability, including educational, developmental, and/or medical history relevant to the disability for which testing accommodations are being requested.

7. **A recommendation of specific accommodations** and/or assistive devices for the AHIMA examination including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

8. **Identification of the professional credentials** of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

**If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.**

## **LEARNING DISORDERS AND COGNITIVE DISORDERS**

Documentation for applicants submitting a request for accommodations based on a learning disorder or other cognitive impairment should contain all of the items listed in the General Guidelines section.

The following information will assist you and your evaluator in addressing the additional issues documentation must address relative to learning disorders.

1. **The evaluation must be conducted by a qualified professional.**

The diagnostician must have comprehensive training in the field of learning disorders and must also have comprehensive training and direct experience in working with an adult population.

2. **Testing/assessment must be current.**

The determination of whether an individual is significantly limited in functioning according to the Americans with Disabilities Act and the ADA Amendments Act (ADAAA) criteria is based on assessment of the current impact of the impairment. (See General Guidelines). A developmental disorder such as a learning disorder originates in childhood and, therefore, information which demonstrates a history of impaired functioning should also be provided.

3. **Documentation must be comprehensive.**

Objective evidence of a substantial limitation in cognition or learning must be provided.

At a minimum, the comprehensive evaluation should include the following:

**A diagnostic interview and history taking**

Because learning disorders 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 postsecondary education should be investigated and documented.

### **A psychoeducational or neuropsychological evaluation**

The psychoeducational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

### **A comprehensive battery of tests**

The latest version of all test instruments should be used.

- A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.
- Objective evidence of a substantial limitation to learning must be presented.
- Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

#### ***Cognitive Functioning***

A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include the latest published versions of: Wechsler Adult Intelligence Scale (WAIS); Woodcock Johnson Psychoeducational Battery (WJ): Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

#### ***Academic Achievement***

A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include the latest published versions of: Woodcock-Johnson Psychoeducational Battery Tests of Achievement (W-Ach); The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests (WRMT).

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-3 (WRAT-3) and the Nelson-Denny Reading Test are useful as screening measures but are not

comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

### ***Information Processing***

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, and motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude - Adult (DTLA-A), Wechsler Memory Scale (WMS), information from the Woodcock Johnson Psychoeducational Battery (WJ): Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.

### ***Other Assessment Measures***

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

### **Actual test scores.**

Standard scores and/or percentiles must be provided for all normative measures. Evaluators should use the most recent form of tests and 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. Age norms should be provided and used to interpret score data.

### **Records of academic history**

Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and postsecondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.

### **A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out.**

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

- Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
- The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

### **A clinical summary**

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential therefore that the evaluator integrates all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

**Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired academic or testing outcome are not learning disabilities and therefore are not covered under the Americans with Disabilities Act and ADA Amendments Act.**

### **A rationale for each accommodation recommended by the evaluator**

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

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation.

**If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.**

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section.

For requests based on an Attention-Deficit/Hyperactivity Disorder (ADHD), the documentation must also address the following issues:

**1. A Qualified Diagnostician Must Conduct the Evaluation**

The professional who conducts the assessment, renders the diagnosis of ADHD, and makes recommendations for accommodation must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is essential.

**2. Documentation Must Be Current**

Because the provision of accommodations is based upon the current impact of a disability on a major life activity, an applicant should provide recent and appropriate documentation. Generally, a diagnostic evaluation must have been completed within the past three (3) years.

**3. Documentation to substantiate the Attention-Deficit/Hyperactivity Disorder diagnosis must be comprehensive.**

*Evidence of Early Impairment.* Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and manifests itself in more than one setting, objective, relevant, historical information is essential. Information verifying childhood onset of symptoms and associated impairment and a chronic course of ADHD symptoms from childhood through adolescence to adulthood must be provided. Documents such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments and the like should be provided.

*Evidence of Current Impairment.* In addition to providing evidence of a childhood history of impairment, the following areas must be investigated:

- The evaluator is expected to review and discuss current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.

- A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in the current edition of DSM) that significantly impair functioning in two or more settings.

***The information collected by the evaluator must consist of more than self-report.***

Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

- history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- developmental history;
- family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner;
- relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- relevant psychosocial history and any relevant interventions;
- a thorough academic history of elementary, secondary, and postsecondary education;
- a review of psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems;
- relevant employment history;
- evidence of impairment in several life settings (home, school, work, etc.), and evidence that the disorder significantly restricts one or more major life activity;
- description of current functional limitations relative to AHIMA examinations in particular that are presumably a direct result of the described problems with attention;
- a discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD;

***Alternative Diagnoses or Explanations Should Be Ruled Out.*** The evaluator must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses and medical and psychiatric disorders as well as educational and cultural factors affecting the individual that may result in behaviors mimicking ADHD.

***Relevant Assessment Batteries***

A neuropsychological or psychoeducational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale (WAIS), memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, age-based standard scores must be provided for all normed measures.

### ***Identification of the most current version of DSM Criteria***

A diagnostic report must include a review of the DSM criteria for ADHD both currently and retrospectively and specify which symptoms are present (see the most current version of DSM for specific criteria). According to DSM, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." It is also important to address the following diagnostic criteria:

- a. Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
- b. Current symptoms that have been present for at least the past six months.
- c. Impairment from the symptoms present in two or more settings (school, work, home).

### ***A Specific Professionally Formulated Diagnosis***

The report must include a specific diagnosis of ADHD based on the most current version of DSM diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

### ***A Clinical Summary***

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- a. Demonstration that the evaluator has ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;

- b. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- c. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the testing context for which accommodations are being requested; and
- d. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the most current version of DSM, are mediated by the accommodation(s).

***A rationale for each accommodation recommended by the evaluator***

The evaluator must describe the impact of the diagnosed ADHD on a specific major life activity as well as the degree of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. While prior documentation may have been useful in determining appropriate services and accommodation in the past, current documentation must validate the need for services based on the individual's present level of functioning in an examination setting.

The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, licensing or certification examinations, etc.). *However, a prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation.*

**If no prior accommodation has been provided, the qualified professional should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.**

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or inattendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

**PHYSICAL DISABILITIES**

Documentation for applicants submitting a request for accommodations based on a physical disability should contain all of the items listed in the General Guidelines section and should be based on a comprehensive diagnostic/clinical evaluation that includes a specific diagnosis, history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data

In addition, the medical documentation must clearly specify:

- the disability
- the nature and extent of functional limitation(s) as a result of the disability
- the need for each accommodation requested and the manner in which the condition affects test taking.

As the impact of some physical condition may change over time along with the need for accommodation, it is essential that the documentation be current, generally within one year or less (the age of acceptable documentation depends on the disabling condition, the current status of the applicant and the applicant's specific request for accommodations)

When a physical disability occurs in combination with attentional, psychiatric, and/or learning disabilities, relevant information pertaining to these conditions as they apply to the specific test-taking environment must be included.

### **PSYCHIATRIC DISABILITIES**

Documentation for applicants submitting a request for accommodations based on a psychiatric disability should contain all of the items listed in the General Guidelines section. The documentation should include a comprehensive diagnostic/clinical assessment which presents:

- a professionally recognized diagnosis
- a summary of the assessment procedures and evaluation instruments used to make the diagnosis
- a description of the evaluation results
- the nature and extent of functional limitation(s) as a result of the disability
- the need for each accommodation requested which is tied to the documented functional limitation(s).

The impact of psychiatric disabilities can change over time along with the need for accommodation. Therefore, it is essential that the documentation be current, generally within 6 months (the age of acceptable documentation depends on the disabling condition, the current status of the applicant and the applicant's specific request for accommodations).

### **VISION DISABILITIES**

The following guidelines are provided to assist applicants in documenting a need for accommodation based on a visual impairment. Documentation for a visual disability should contain all of the items listed in the General Guidelines section. In addition, the documentation should include:

A personal statement that describes how the individual's visual impairment affects the ability to read, to write, and to work on a computer. The impact of different lighting situations and typeface sizes should also be discussed if relevant.

A detailed, comprehensive written report by a licensed eye care professional (optometrist or ophthalmologist), documenting the visual condition and its severity and discussing how the accommodation requested is appropriate for the visual impairment described.

A clear statement of a visual disability including a detailed description of how the individual's specific signs, symptoms, and assessment results meet professionally recognized diagnostic criteria for the identified visual impairment.

A professionally recognized diagnosis for the particular category of disability, i.e. a diagnosis of a visual or visual perceptual condition included in the International Classification of Diseases, 9<sup>th</sup> revision (ICD-9 code book).

Specific diagnostic criteria and name of the diagnostic tests used, including date(s) of evaluation, specific test data, and a detailed interpretation of the data. This description should also include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis. Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Standardized tests of visual functioning should be used whenever these tests are available.

The specific mitigating effects of common optical aids such as spectacles or contact lenses or any management of the condition such as surgery or vision therapy. Data that demonstrates these mitigating effects *must* be included in the report.

A recommendation of specific accommodations or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations

Evidence of the professional credentials of the evaluator that qualify that evaluator to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis.

- A **current** evaluation of visual function. The provision of reasonable accommodations is based on an assessment of the current impact of the examinee's visual impairment on the testing activity. Many visual conditions are variable over time and in different settings. Therefore, the documentation should reflect the most up-to-date nature of the visual condition. If the condition is normally quite variable in its presentation (e.g., optic neuritis or convergence insufficiency, the documentation should include prior evaluations that demonstrate the on-going nature of the condition

- Specific scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to vision functioning must be provided. Standardized tests of visual functioning should be used whenever these tests are available. When relevant to the impairment, examples of such data are: visual acuities (best-corrected for near and distance), visual field print-outs, specific tests of accommodation (e.g., relative accommodation, amplitudes, facility, dynamic or nearpoint retinoscopy), specific tests of vergence (e.g., nearpoint of convergence, cover test, prism vergences, and facility), specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram).
- Detailed information about what therapy, medication, and low-vision aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data. Data that demonstrates these mitigating effects must be included in the report.
- Specific information concerning the current functional limitations imposed by the visual impairment (what the individual can and cannot do on a regular and continuing basis).
- A rationale for each accommodation recommended by the evaluator, including low vision aids, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.
- Visual impairment in one eye only can often significantly impact the ability to perform three-dimensional tasks, such as driving or playing some sports. However, monocular conditions, in and of themselves, have not been shown to cause a substantial limitation in the ability to read or perform other two-dimensional tasks at near point. Therefore, requests for accommodations for computer-based tests based on visual impairment in only one eye need to provide data to demonstrate reduced functioning in the fellow eye, such as accommodation (focusing) or reading eye movements (saccades).

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