



JSERRA CATHOLIC HIGH SCHOOL

Secondary School Documentation Requirements for Academic Accommodations and Support

As an independent Roman Catholic High School within the Diocese of Orange, JSerra Catholic High School follows the guidelines outlined by the Diocese of Orange for placement in academic support programs, as well as for approving and providing classroom and testing accommodations. All JSerra-approved classroom and testing accommodations closely parallel those of College Board, ACT, and DSM-5. 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.

Important Things to Know About Academic Support at JSerra:

- Psycho-educational testing and/or a DSM-5 diagnosed learning disability **does not guarantee services or placement** at JSerra.
- If it is determined that academic support services are appropriate based on the psychologist's reporting (psycho-educational report) and DSM-5 diagnosis, it is at the discretion of the school to determine the appropriate placement for academic support (Academic Coaching Program or SERP).
- Doctors' notes, IEP Plans, 504 Plans, and learning plans from private schools **do not qualify** students for classroom or testing accommodations at JSerra.
- **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 or support programs. This may also impact the family's ability to apply for College Board/ACT accommodations and/or for academic support in college.
- All assessments used in determined eligibility and qualification for academic support must be completed by a **licensed psychologist or psychiatrist**.
- The purpose of SERP or any other academic support program offered at JSerra **is not** to secure accommodations on College Board (PSAT, SAT, AP) or ACT assessments.
- While appropriate accommodations may be granted to qualified students, *modifications* **are not permitted** at JSerra.

Required Tests and Documentation

At a minimum, the *current* versions and *complete* batteries of the assessments listed below **must be** administered. Subtest/standard scores **and** percentiles/levels of significance are required in order for the report to be considered complete.

1. **Cognitive:**
 1. Wechsler Adult Intelligence Scale
 2. Wechsler Intelligence Scale for Children
 3. Woodcock-Johnson Tests of Cognitive Abilities
 4. Stanford Binet Intelligence Scales (when individually administered)
 5. Kaufman Assessment Battery for Children
 6. Reynolds Intellectual Assessment Scales
2. **Achievement:**
 1. Wechsler Individual Achievement Test-III
 2. the Woodcock-Johnson Achievement Test-IV
 3. Scholastic Abilities Test for Adults
 4. Kaufman Test of Educational Achievement
3. **Memory:**
 1. Children's Memory Scale
 2. Wechsler Memory Scale

3. Wide Range Assessment of Memory and Learning
4. **Rating scales:**
 1. Parent ratings and at least *three* current teacher ratings assessing attention, behavior, and emotional functioning (i.e., BASC, Connors, SNAP-IV) are required.
5. **Supplemental tests:**
 1. These should be utilized to *rule in or out* suspected learning/attention disabilities (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 screening tools and, without other measures, ***do not meet the psychometric criteria*** to diagnose a disability or establish the need for testing accommodations (this list is not exhaustive):

- 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' or 'selected subtests' from cognitive, achievement, or memory tests

****Psycho-educational/neuro-psychological reports must also include the following:***

- 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 and current grades and standardized test scores (e.g., STAR, IOWA, Stanford, etc.) listed by grade level *to demonstrate a pattern/history of academic performance*
- Previous psycho-educational testing results, including dates of testing, tests administered, standard scores and percentiles, DSM-5 diagnoses, etc. (if available)
- Accommodations/modifications previously provided and utilized by the student. If no accommodations have been used in the past, a detailed description of why none were used, and why they are needed now, should be provided
- A clinical interview with the 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-5 diagnosis, supported via academic history/patterns, attempted interventions, testing results, and specific major life impact.
- Substantial limitations (adverse effects on learning or other major life activities) resulting from the learning disability must be documented, as 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 disability.

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 based solely on previous diagnoses, occasional below average subtest scores, or one test (i.e., using the CPT or TOVA alone to diagnose ADHD) ***may not be accepted***.
- 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 of this packet must be conducted.
- A specific DSM-5 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 psychiatrist, psychologist or neurologist.
- Ongoing level of daily life impact must be updated *annually*, as severity of psychiatric conditions can fluctuate.
- Anxiety as related to school performance and test-taking does not in and of itself qualify a student to receive accommodations. Psychiatric conditions must be co-morbid with an attention or learning difference (following documentation requirements) in order to receive accommodations.

Documentation Requirements for Attention Deficit Hyperactivity Disorder (ADHD)

- **Testing and documentation** as listed above must be followed. It should be noted if the students was taking medication when the assessment took place.
- **Initial diagnosis of ADHD:** Date and age at initial diagnosis, diagnosing professional, tests administered, DSM-5 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, parent report, etc.
- **Current evidence of impairment across two or more settings:** Documented 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.
- **Rating scales:** Standardized ratings scales from parent(s) and at least **three** teachers with percentiles and levels of significance must be included.
- **DSM-5 criteria:** The applicable DSM-5 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.).
- **Rule out diagnoses:** Other diagnoses and conditions that can mimic ADHD symptoms (e.g. allergies, seizures, sleep disorders, hearing/vision problems, anxiety) must be ruled out via clinical interviews and 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 placement in an academic program or accommodations.