

MISSION

*To help students internalize the
Gospel message of salvation in Christ Jesus.*

CORE VALUES

*Biblical Truth | Integrity | Innovation
Excellence | Relationships*

DOCUMENTATION REQUIREMENTS FOR ACCOMMODATIONS IN DSPS

The following documentation requirements, which closely parallel those of the ACT, College Board, DSM-V or eligibility for accommodations under the State or Federal Education Codes must be followed for consideration of accommodations. 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 support the diagnosis and/or accommodation request.

- A Psychoeducational Assessment Report from a qualified clinician, with required tests and documentation included, or a Psychoeducational Assessment from a Public School is required Documentation for admission into the DSPS program. ***Doctor's notes are not accepted.***
- Assessments must be completed by a licensed psychologist, psychiatrist, or school psychologist (if completed through the public school district).
- 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.
- Psychoeducational testing and/or diagnosis does not guarantee qualification for high school and/or ACT/College Board exam accommodations.
- Accommodations granted on ACT/College Board exams are decided ***solely*** by those organizations. Students who receive accommodations through DSPS ***do not*** automatically receive ACT/College Board accommodations.
- DSPS offers accommodations (Strategies implemented to help students access learning) however, we do not offer modifications (Changes in curriculum or a reduced work load).

Assessment of a learning/attention disability MUST include the following areas:

A. Clinical Interview

- **Referral question** and description/history of presenting problem
- **Neonatal/birth history** (complicated birth, emergency c-section, exposure to drugs or Alcohol, hypoxia, low APGAR scores, etc.)
- **Medical history** (seizures, concussions, repeated ear infections, surgeries, etc)
- **Psychiatric history** (therapy, traumatic events, sleeping/eating disorders, harm to self, Family psychiatric history, etc.)
- **Medication history** (names, dates taken, and effectiveness)
- **Medication currently being taken** and if taken during assessment
- **Academic/learning disability history** (family with learning difficulties, specific problems in school, previous grades and standardized testing scores, etc.)
- **Previous psychological testing** (Date of testing, examiner, tests administered, standard scores and percentiles, diagnosis, etc.) and if applies **previous accommodations and modifications** utilized.
- **Description** of why recommended accommodations are needed, with rational explaining how they address the substantial limitations and alleviate the impact of the disability.

B. Evaluation Methods - At a minimum, the *current* versions and complete batteries of the tests listed below must be administered. *Subtest/standard scores* and *percentiles/levels of significance*, are required.

- **Cognitive Ability** - For example: Wechsler Intelligence Scale for Children-V, Wechsler Adult Intelligence Scale-IV, or Woodcock-Johnson Cognitive Battery-IV, etc
- **Achievement** - For example: Wechsler Individual Achievement Test or the Woodcock-Johnson Achievement Test-IV, etc
- **Memory** - For example: Children's Memory Scale, Wechsler Memory Scale, or the Wide Range Assessment of Memory and Learning, etc.
- **Rating Scales** - Parent ratings and at least *two* current teacher ratings assessing attention, behavior, and emotional functioning (i.e., BASC, Connors, SNAP-IV) are required
- **Supplemental Tests** - 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, TOVA, etc.)

All assessments should be comprehensive and not “Portions of” or “selected subtests” from cognitive, achievement, or memory tests.

C. Diagnostic Section

- All testing must be accompanied by a **comprehensive, written report** listing standardized scores and percentiles for each test, specifically demonstrating the presence of a learning or attention difference. Diagnoses should not be based solely on previous diagnoses.
- An **interpretive summary** must be provided that substantiates a clearly stated DSM-V diagnosis that is supported via testing and history or eligibility for accommodations under the State or Federal Education Codes. Nonspecific diagnoses such as “slow processing speed, test anxiety, academic weaknesses,” etc., do not, in and of themselves, constitute learning disabilities.
- **Diagnoses** are usually based on a pattern of low scores. Occasional subtest scores that are in the below average range are not considered diagnostic.
- Scores that place in the average range do not establish that a student has a “**substantial limitation**” to a major life activity as compared to “most people”, as required for a designation of an ADA disability.
- For assessment of **ADHD - all types**, the above guidelines must be followed, in addition to evidence that the student is substantially affected across two different settings, and that ADHD symptoms were observed prior to age 12 (usually through previous diagnosis/assessment, teacher comments on report cards, and parental reports.) Although sometimes this diagnosis isn’t seen till later than 12 years old. Standardized ratings scales from parents and at least 2 teachers with percentiles and levels of significance must be included.
 - **A diagnosis of ADHD in and of itself, without evidence of *current impairment across two different settings*, does not guarantee accommodations.**
- **Anxiety** as related to school performance and test-taking does not in and of itself qualify a student to receive accommodations. Most often, anxiety must be co-morbid with an attention or learning difference (following documentation requirements) in order to receive accommodations. Anxiety diagnosis must be current within one year and a treatment plan must be in place.