

Duke University
Student Disability Access Office (SDAO)

Psychological Documentation Guidelines

These guidelines outline the information necessary to validate a psychological impairment, its impact on the individual's educational performance and the need for accommodations. Students who wish to be considered for reasonable accommodations must submit a completed and signed Request for Consideration for Reasonable Accommodations form and are responsible for obtaining his/her documentation from an appropriate professional, and to present a copy to the ***Student Disability Access Office***. Any correspondence regarding adequacy of the documentation will be sent to the student who is responsible for obtaining any additional information or testing that is requested. The final determination of appropriate accommodations rests with the ***Student Disability Access Office***, and is based on a review of the provided documentation as outlined below. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation has been provided, the evaluator must include an explanation as to why no accommodations were used in the past, and why accommodations are necessary now. All information obtained in diagnostic and medical reports will be maintained and used in accordance with applicable confidentiality requirements.

Introduction

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, qualified individuals with disabilities are protected from discrimination and may be eligible to receive reasonable accommodations. To establish that an individual is covered under the ADA, documentation must indicate that a specific condition exists and that the identified condition *substantially* limits one or more major life activities.

Information and documentation submitted by students to verify disability eligibility should be comprehensive in order to avoid unnecessary delays. Documentation should contain information regarding:

1. Evaluator qualifications.
2. Recency of documentation.
3. Comprehensiveness of the documentation to support the diagnosis of a psychiatric disorder.
4. Evidence to establish the functional limitation of the psychological condition supporting the need for accommodation(s).
5. Multiple diagnoses.

Terms

Psychiatric disorders: A generic term used in this document to refer to a variety of conditions characterized by emotional, cognitive, and/or behavioral dysfunction. The terms psychological disorders and psychiatric disorders are used interchangeably in this document.

Note: Diagnoses are provided in the *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)*. However, not all conditions listed in the DSM-IV are disabilities, or even conditions for purposes of the ADA. Therefore, a diagnosis of a disability does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973.

Major life activity: Those activities central to most people's daily life. Examples of major life activities include but are not limited to, walking, seeing, hearing, speaking, breathing, learning, and caring for oneself.

Substantially limits: Unable to perform a major life activity that the average person in the general population can perform; or significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to an average person in the general population.

Documentation Requirements

I. A Qualified Professional Must Conduct the Evaluation

The professional conducting the evaluation and making the diagnosis must be qualified to make the diagnosis and recommend appropriate accommodations. Professionals typically qualified to make this diagnosis include psychologists, neuro-psychologists, psychiatrists, and other doctors trained in psychology/psychiatry. A clinical team approach to diagnosis may also be appropriate. The documentation must include the name, title, and professional credentials of the evaluator, including information about licensure and/or specialization.

Diagnoses of psychological disorders documented by family members will not be accepted even when the family members are otherwise qualified by virtue of training and licensure/certification. All reports should be in English, typed or printed on professional letterhead, dated, and signed.

II. Documentation Must Be Current

Due to the changing nature of psychiatric disorders, it is essential that a student provide current and appropriate documentation from a qualified evaluator. Since reasonable accommodations are based upon the current impact of the disorder, the documentation must address the individual's current level of functioning and the need for accommodations. On a case-by-case basis, a student may be asked to also submit updated information from a qualified professional on a semester-by-semester or yearly basis.

III. Documentation Necessary to Support the Diagnosis Must Be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report should include the following components:

1. A specific diagnosis.
2. The assessment or evaluation procedures used to make the diagnosis.
3. A description of current functional limitations imposed by this disorder.
4. The major symptoms of the disorder currently manifested by the student, including level of severity.
5. Relevant information regarding medications expected to be in use in the post-secondary setting and the anticipated impact on the student.
6. Relevant information regarding current treatment.
7. Current prognosis.
7. When the individual was last seen.
8. A specific request for accommodations with supporting justification for each.
9. Evidence of significant limitation in the post-secondary setting must be provided.

III A. Historical Information, Diagnostic Interview, and/or Psychological Assessment

The information collected during the diagnostic interview should include, but is not limited to:

- history of presenting symptoms
- duration and severity of the disorder
- relevant, developmental, historical, and familial data
- relevant medical and medication history, including the individual's current medication compliance, side effects (if relevant), and response to medication

- a description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance, caring for oneself, etc.)
- if relevant to academic performance, a description of the expected progression or stability of the condition over time
- if relevant to academic performance such as taking tests, completing out of class assignments and projects, etc., information regarding the kind of treatment and duration/consistency of the therapeutic relationship.

III B. Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis based on the *DSM-IV* diagnostic criteria and include the specific numerical and nominal classification code from the *DSM-IV*. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis. The evaluator should use definitive language in the diagnosis of a psychiatric disorder, avoiding such wording as “suggests, has problems with, or may have emotional problems.”

Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

In instances where there may also be a diagnosis of learning disabilities and/or attention-deficit/hyperactivity disorders (ADHD), the student and his/her evaluators should consult SDAO documentation guidelines for those impairments. Documentation guidelines are available on line at www.access.duke.edu and from the SDAO.

III C. Alternative Diagnoses of Explanations Should Be Ruled Out

The evaluator must investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disorder.

III D. Rationale for Requested Accommodations Must Be Provided

The evaluator must describe the degree of impact of the diagnosed psychiatric disorder on a specific major life activity, as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated academic environment.

A diagnosis in and of itself does not automatically warrant approval of requested accommodations. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. If there is no prior history of accommodations, the evaluator and/or the student must include a detailed explanation of why accommodations were not needed in the past, and why they are now currently being requested. Psychoeducational, neuropsychological or behavioral assessments are often necessary to support the need for accommodations based on the potential for psychiatric disorders to interfere with academic performance.

Accommodations will be provided only when a clear and convincing rationale and justification are made for the necessity of the accommodation. For example, what is it about the individual’s current and perhaps past symptoms that necessitate the requested accommodations.

Accommodations and Services

The final determination of appropriate accommodations, auxiliary aids and services rests with the ***Duke University Student Disability Access Office***, in consultation with individual academic and non-academic programs.

Confidentiality

All information obtained in diagnostic and medical records will be maintained and used in accordance with applicable confidentially requirements.

Questions

Questions about these guidelines should be directed to ***Dr. Emma Swain, Director, Student Disability Access Office***, at (919) 668-1267, eswain@duke.edu, or mailed to 402 Oregon St., Suite 102, Box 90142, Durham, NC 27708.

Submission

Documentation should be submitted to the attention of ***Dr. Emma Swain, Director, Student Disability Access Office***, at 402 Oregon St., Suite 102, Box 90142, Durham, NC 27708, or faxed to (919) 668-3977

Note

Submission of documentation should not be considered a request to be considered for reasonable accommodations. Students must also submit a completed and signed Request for Consideration for Reasonable Accommodations form. The SDAO cannot support any accommodation request until documentation is complete.