Indiana University School of Medicine Disabilities Accommodations Documentation Guidelines and Request Form

IUSM Disability Documentation

The following is a statement of general guidelines regarding the type of documentation that is expected from students in connection with particular requests for accommodations. IUSM and its Disabilities Accommodations Committee (DAC) reserve the right to determine what documentation is adequate to support a determination of disability.

Guidelines for Documentation of Physical/Sensory Disabilities

1. The evaluation must have been completed within a reasonable time frame, depending on the degree of change associated with the diagnosed condition(s). Generally a reasonable time frame is not more than three years, but it may be much shorter in many instances.
2. The evaluation must be performed by a licensed professional with training in, and experience with, the diagnosis of like or similar conditions in adults. Appropriate professionals are usually licensed physicians, often with specialty training. Optometrists are appropriate for visual conditions addressed in their training. Allied health professionals (such as audiologists, neuropsychologists, or physical therapists) may be considered appropriate as well, often as part of a team.
3. Evaluations performed by members of the student's family are not acceptable.
4. All reports must be signed by the primary evaluator, and should include a completed IUSM form (if feasible), as well as any additional information typed on letterhead.
5. The evaluation should be comprehensive with interview, history, and should include both description and evidence of impairment.
6. The evaluation should include a specific diagnosis(es).
7. The evaluation should accurately describe the current impact of the diagnosed condition.
8. The evaluation should briefly describe any current treatment plan.
9. The evaluation should describe the *currently* anticipated course of the condition.
10. The evaluation should mention any *currently* mitigating factors (e.g., medication or hearing aids).
11. Documentation should address any coexisting conditions, suspected coexisting conditions, or other confounding factors.
12. Documentation must indicate whether or not the diagnosed condition(s) rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. Documentation should include recommendations for accommodations that are directly related to the functional limitations (and relevant to a medical school environment if possible.)
14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.
15. If the student is considered a potential danger to self or others, including patients under his or her care, that information must be included. If there are only certain circumstances under which a potential danger exists, that should be explained as well.

Guidelines for Documentation of Attention Deficit Hyperactivity Disorder (ADHD)

1. The evaluation must be timely and generally must have been completed within three (3)

years from the date of the initial request for accommodation.

2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. A diagnosis of ADHD first made after an individual reaches the age of 16 requires informant report of developmental history in childhood.
5. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
6. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of ADHD must demonstrate clinical significance, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or below approximately the 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Guidelines for Documentation for Learning Disability (LD)

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
6. The evaluation should include assessment of appropriate domains of cognitive function (for example tests of memory, language, spatial skill, attention, executive ability) and part or all of a widely-used, nationally-normed academic achievement battery measuring reading, written language, and mathematics.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of LD need to be clinically significant, typically 1.5 to 2 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. The cause of any low academic achievement should inform the request for accommodations. If a student is low achieving due to poor study habits or substance abuse, treatments related to the root problem should be undertaken before accommodations like time-and-a-half for tests, single person testing rooms, use of scribes, note taking service, etc. are recommended.

14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Guidelines for Documentation for Psychiatric Disorder

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
6. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
7. Test scores that are identified as supportive of the disorder need to be clinically significant, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.
8. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
9. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
10. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.
11. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
12. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Guidelines adapted with permission from Dartmouth Medical School

Indiana University School of Medicine
Disability Accommodation Request Form

Student

Last Name: ________________________________ First: __________________________ MI: __________

Date of Birth: _____________________________ Phone: ____

Address: ____

Certifying Medical Professional

Name: ____

Professional Title/Degree: ____

Phone: ____ Email: ______________________________

Address: ____

License, Number, and State: ____

Date of Report:___________________________________ Date of first student contact: _____________

Date of last student contact: ____

Diagnosis(es):

Brief history (include onset of symptoms, progression to date, any trauma involved, and any previous accommodations):

Functional limitations (describe degree of impairment – mild, moderate, severe – for each):

(Per the documentation guidelines, please include all relevant data, such as testing, reports, evaluations, etc. as well as any additional clinical comments on letterhead.)

Suggested accommodation(s) in medical school. Provide brief rationale for each suggestion:

Is the course of this condition (or set of conditions) considered to be: *(Insert Dropdown)*

~ If Temporary, please indicate estimated time of impairment/disability:

~ If Variable, please characterize the expected fluctuations:

Does this student take medication or undergo treatment that may adversely affect performance or behavior? *(Dropdown here)*

Please describe:

How often should this student be reevaluated?

1 Year: ______

2 Years: ______

Other: ______

If Other selected, please explain:

In your opinion, does this student represent a potential danger to self or others, including patients under his or her care in a medical setting? *(Dropdown here)*

Explanation:

In your opinion, can this student, with the identified accommodations, complete the IUSM curriculum, including the competency curriculum, in the medical school environment?

Explanation:

Certified Medical Professional Signature: ____

Date: _________________________