

Documenting Learning Disabilities

Second Edition 2007

**Office of Disability Policy
Educational Testing Service
Princeton, NJ 08541
www.ets.org**

It is hoped that this second edition of the "ETS Revised Policy Statement for Documentation of a Learning Disability in Adolescents and Adults" will be helpful to individuals with disabilities, as well as secondary school personnel, professional diagnosticians and postsecondary disability service providers.

ETS acknowledges that individual situations vary given the severity of the disability, the standardized test being taken, and the accommodations requested. The objective of this revised document is not to be overly prescriptive, but rather to provide test takers, as well as their evaluators, with guidance about the specific information that is needed to support requests for accommodations on high stakes tests. Furthermore, this expanded online format and the accompanying appendices will allow evaluators to easily search for relevant information by section as it applies to individual test takers.

Contents

Policy Statement for Documentation of a Learning Disability In Adolescents and Adults

• Preface	3
• Introduction	4
• Documentation Requirements	5
I. A Qualified Professional Must Conduct the Evaluation	5
II. Documentation Must Be Current	6
III. Documentation for Basic Testing Accommodations	7
IV. Documentation for Extensive Testing Accommodations	8
V. A Documentation Update	9
VI. Documentation Necessary to Substantiate the Learning Disability Must Be Comprehensive	10
A. Diagnostic Interview	11
B. Psychometric Assessment	12
1. Aptitude/Cognitive Ability	12
2. Academic Achievement	12
3. Areas of Cognitive and Information Processing	12
C. Documentation Must Include a Specific Diagnosis	14
D. Test Scores from Standardized Instruments Must be Provided	15
E. Each Accommodation Recommended By the Evaluator Must Include a Rationale	16
F. An Interpretative Summary Must Be Provided	17
VII. Additional Sources of Information	18
VIII. Confidentiality	19
• Appendix A: Recommendations for Consumers	20
• Appendix B: Tests for Assessing Adolescents and Adults	21
• Appendix C: Resources and Organizations	23

Preface

In 1998, Educational Testing Service (ETS) published the first edition of its Policy Statement for Documentation of a Learning Disability in Adolescents and Adults. Since that time, minor additions have been posted on the ETS website. ETS recognizes the importance of the periodic review of policy statements to assure they reflect current practice and developments in the field. This second edition (2007) incorporates previous revisions and introduces other changes based upon more than ten years of experience with test takers with learning disabilities.

Introduction

This document provides individuals, secondary-school personnel, professional diagnosticians, and post-secondary disability service providers with a common knowledge base regarding those components of documentation that are necessary to validate a learning disability (LD) in adolescents and adults for the various Educational Testing Service programs, including The College Board. Our intent is not to be burdensome but to provide test takers, as well as their evaluators, with guidance about the specific information that is needed to support requests for accommodations on high-stakes examinations.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights to equal access to programs and services. In order to access these rights, an individual must present documentation indicating that the disability substantially limits some major life activity, including learning.

This publication includes information about LD documentation in eight important areas:

- (1) qualifications of the evaluator;
- (2) recency of the documentation;
- (3) documentation for basic testing accommodations;
- (4) documentation for extensive testing accommodations;
- (5) a documentation update;
- (6) appropriate clinical documentation to substantiate the disability;
- (7) evidence to establish a rationale supporting the need for accommodations; and
- (8) supplemental sources of information.

In order to prevent time delays in decision-making related to processing testing accommodation requests, the information and documentation submitted by candidates with LD should be comprehensive.

Appendix A provides potential test applicants with recommendations for finding and working with a qualified professional. Appendix B provides a suggested list of standardized tests for assessing adolescents and adults with suspected learning disabilities, and Appendix C lists resources and organizations.

For more information about ETS policies for test takers with disabilities, visit our website at www.ets.org.

Documentation Requirements

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of specific learning disabilities (LD) and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience with adolescent and adult LD populations are essential. Competence in working with culturally and linguistically diverse populations may also be required, depending on the applicant's background and academic history. It is of utmost importance that evaluators are sensitive to cultural and linguistic differences in both adolescents and adults.

The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and state in which the individual practices must be clearly stated in the documentation. The following professionals would generally be considered qualified to conduct evaluations provided that they have additional training and experience in evaluating adolescents and adults with learning disabilities: clinical or educational psychologists; school psychologists; neuropsychologists; learning disabilities specialists; and medical doctors with demonstrated training and experience in the assessment of learning disabilities in adolescents and adults. Use of diagnostic terminology indicating a diagnosis of a specific learning disability by someone whose training and experience is not in these fields is not acceptable. It is not appropriate for professionals to evaluate members of their own families or children of close friends. All reports should be on letterhead, typed in English, dated, signed, and otherwise legible.

Documentation Requirements

II. Documentation Must Be Current

ETS acknowledges that once a person is diagnosed as having an LD that qualifies for protection under the Americans with Disabilities Act (ADA), the disability is normally viewed as lifelong. Although the learning disability is ongoing, the severity and manifestations of the condition may change over time.

The provision of reasonable accommodations and services is based upon ETS's assessment of the **current** impact of the individual's disabilities on his or her academic performance, particularly in testing situations. It is in a candidate's best interest to provide recent and appropriate documentation. For LD, testing must generally have been completed within the past five years. See additional information under Section V, "A Documentation Update," for specifics regarding the recency of documentation.

Documentation Requirements

III. Documentation for Basic Testing Accommodations

ETS is aware of the cost often borne by test takers with learning disabilities who are seeking accommodations for our tests and whose documentation may exceed the five-year limit.

To address this concern, in 2005 ETS modified its documentation recency policy with respect to applicants with a long-standing LD and/or LD/ADHD. A complete diagnostic reevaluation is no longer necessary for applicants with documentation over five years old if they are applying for certain basic accommodations. ETS considers time and one-half and/or additional rest breaks as basic accommodations.

For ETS graduate and professional school tests, this documentation recency provision applies only to test takers with a long-standing LD who have submitted a signed Certification of Eligibility (COE) form that verifies that adult measures were used to determine the diagnosis and functional limitations. The applicant must also have a history of having received accommodations in college or on the job. If the applicant does not have access to a qualified professional who can complete and sign the COE, then the applicant must submit the outdated disability documentation for review.

An authorized representative (i.e., a disability service provider from a college or university; a human resources counselor at a place of employment; a counselor from the Vocational Rehabilitation system) must certify on the COE that:

there is evidence of a longstanding learning disability or learning disability with ADHD (LD/ADHD); and that

adult measures were used to determine the diagnosis and the functional limitations related to the disability (e.g., the evaluation battery consists of test instruments that have adult norms).

An accommodation history, including the rationale for the requested accommodations and evidence of current use, must be included. A self-report from the test taker alone is not sufficient.

For additional information on completing the COE form, please review the latest version of the [ETS Bulletin Supplement](#) (PDF) for Test Takers with Disabilities or visit the ETS website at www.ets.org.

Documentation Requirements

IV. Documentation for Extensive Testing Accommodations

ETS requires that applicants with a longstanding LD (beyond 5 years) who are requesting more extensive accommodations must continue to abide by the 5 year rule and to submit documentation for review. The following ETS considers to be more extensive accommodations:

- double time
- reader
- scribe or keyboard entry aid
- separate room
- calculator
- assistive technology

Whenever possible, ETS consultants will recommend which components of the documentation may require updating. Applicants who submit documentation that is not current, is inadequate in scope and content, and/or does not address the candidate's current level of functioning or need for accommodation(s) will be required to update the evaluation report. Read our ["Tips for Evaluators"](#) section for additional suggestions about specific content to be addressed in the evaluation report.

Documentation Requirements

V. A Documentation Update

If the documentation provided by the candidate does not meet ETS documentation requirements for LD, candidates have the option to submit new and/or additional documentation. A documentation update is a report by a qualified professional that includes a summary of the original disability documentation findings as well as additional evaluation data necessary to establish the candidate's current eligibility and the appropriateness of the requested testing accommodation(s).

The summary in a documentation update should include:

- a restatement of the diagnosis, including date(s) for all prior diagnosis and data that were used to establish the diagnosis. Evidence regarding the continued persistence of the diagnosis should be more than a self-report by the test taker
- an update that verifies the continuing weakness in those areas identified as weak in prior evaluation(s)
- current functional limitations due to the disability, including information regarding its duration, severity, and impact on academic performance in general and test taking in particular.
Note: Functional limitations refer to an impairment that significantly restricts or prevents an individual from performing a major life activity (e.g., learning, walking, breathing, talking, etc.)
- observations gathered during the evaluation of behavior such as affect, concentration, attentional fatigue, executive functioning, and fluency
- history and types of accommodations received and used, consistency and circumstances of use (e.g., the type of test for which accommodations were most helpful), or an explanation of why no accommodations have been used prior to the current request and why they are essential now
- discussion of the appropriateness of the requested accommodations for ETS tests, including objective evidence confirming that performance would be negatively affected without the requested accommodations.

Additional evaluation data should include:

- achievement measures that substantiate the ongoing impact of the disability on academic performance. The updated evaluation need not include a full battery of tests but should include selected academic tests and subtests deemed appropriate to support current eligibility. There should be an explanation of why certain subtests were selected for the update, interpretation of the scores obtained, and a discussion of relevant error patterns based on the candidate's scores
- assessment of cognitive functioning is necessary only if the existing documentation does not contain adequate and age-appropriate information to establish the disability status. An update of intellectual functioning is generally not necessary if the WAIS-III, or other comparable measure was previously used, given that intellectual functioning is typically stable in adulthood.

In conclusion, the extent of retesting required for a documentation update is applicant specific and depends on how closely the initial documentation report complies with the prevailing professional standards and ETS documentation guidelines.

Documentation Requirements

VI. Documentation Necessary to Substantiate the Learning Disability Must Be Comprehensive

In order to initially establish eligibility for protections under the ADA, documentation of an LD must be comprehensive. It must validate the need for accommodations based upon the applicant's current level of functioning and, if relevant, how that level of functioning may impact test taking. The documentation should include: a summary of a diagnostic/clinical interview, assessment of the major domains of cognitive and academic functioning, a list of tests administered including all standard scores, expert interpretation of the results, a clear diagnosis and statement of disability, discussion of the functional limitations and academic functioning levels, and recommendations. Areas of weakness identified in prior evaluations must be thoroughly explored in the current evaluation.

Documentation Requirements

VI. A. Diagnostic Interview

The documentation should include a summary of the diagnostic interview conducted by a qualified evaluator. Learning disabilities are commonly manifested during childhood, though not always formally diagnosed. When coexisting with giftedness, learning disabilities may not be identified or diagnosed until adolescence, when learning tasks become more challenging and academic difficulties increase. Therefore, relevant historical information regarding the applicant's academic history and learning processes in elementary, secondary, and postsecondary education must be investigated and documented. A combination of applicant's self-report, interviews with others, and historical documentation, such as a review of the applicant's transcripts and prior standardized test scores, is recommended.

The evaluator, using professional judgment as to which areas are relevant for determining an applicant's current eligibility for accommodations, should provide, as appropriate, a summary that includes:

- a description of the presenting problem(s)
- developmental history, including milestones such as language and speech acquisition and early motor skill development
- relevant medical history, including the absence of a medical basis for the present symptoms
- academic history, including areas of uneven academic achievement, results of prior standardized testing taken with or without accommodations
- participation in special programs such as a special-education class, pull-out class, or program for gifted and talented students
- reports of unevenness in classroom performance and behavior
- relevant family history, including primary language of the home and the applicant's current level of fluency of English
- relevant psychosocial history
- relevant employment history
- a discussion of pre-existing or coexisting disorders, including behavioral, medical, neurological, and/or personality disorders, along with any history of medication use that may affect the individual's learning
- a description of auxiliary aids, services and accommodations used;
- and exploration of possible alternative conditions that may mimic a learning disability when, in fact, one is not present.

Documentation Requirements

VI. B. Psychometric Assessment

The neuropsychological or psychoeducational evaluation must provide clear evidence that a specific LD does or does not exist. Objective evidence of a *substantial limitation to learning* must be provided. Assessment must consist of a comprehensive, individualized, standardized and norm-appropriate assessment battery. Any resulting diagnosis must be based upon a pattern of performance across the battery. A list of a variety of acceptable tests is included in Appendix B. Any factors influencing the validity of the testing must be described. For example, if the test taker regularly takes medication but did not do so on the day of the testing, the evaluator should address the potential impact on test results and functioning.

Minimally, the domains to be addressed in a psychoeducational report must include the following:

- 1. Aptitude/Cognitive Ability:** A valid intellectual assessment with all subtests and standard scores. Brief forms of such assessments (e.g., KBIT 2, WASI) are not acceptable for initial documentation, but in some cases may be suitable for a documentation update.
- 2. Academic Achievement:** A comprehensive academic achievement battery. The battery must assess basic and higher order skills of reading (sight vocabulary, decoding, sentence and text comprehension), writing (spelling, grammar, ideation), verbal expression, and math (calculation and reasoning), as well as fluency (timed performance) in these academic areas.
- 3. Areas of Cognitive and Information Processing:** Based upon the nature of the referral, the applicant's clinical presentation, and prior test results, evaluators should investigate realms of cognitive/information processing. These domains include, but are not limited to
 - memory (i.e., visual and verbal acquisition, retrieval, retention, and recognition)
 - processing speed and cognitive fluency (e.g., timed psychomotor or graphomotor tasks, decision and naming fluency)
 - attention (e.g., visual and auditory spans of attention, scanning tasks, and vigilance assessment, including continuous performance tasks)
 - sensory-perceptual functioning (e.g., high-level visual, auditory, and tactile tasks)
 - executive functioning (e.g., planning, organization, prioritization, sequencing, self-monitoring)
 - motor functioning (e.g., tests of dexterity and handedness)
 - visual acuity and possible need for prescription eye glasses.

The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual needs of the applicant, sound clinical judgment' and prevailing professional practices. If the most recent form of any normed measure is not used, an explanation must be provided.

Informal measures. Other assessment measures, such as classroom tests and informal assessment procedures or observations, may be helpful in determining performance across a variety of domains. Information from formal assessment measures may be integrated with these informal diagnostic measures to help rule in or rule out the learning disability, to differentiate it from coexisting neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis), or to support a recommendation for a specific accommodation (e.g., practice tests given in timed vs. untimed formats, measures given in paper vs. computer formats). It is

important that the battery of standardized measures used in the diagnosis of a learning disability be broad enough to identify deficits and strengths within the applicant's cognitive profile. A profile that is consistently below average in cognitive, processing, and achievement areas is highly unlikely to meet the criteria for a diagnosis of a learning disability.

Error analysis. An analysis of specific errors in performance on relevant assessment measures and other informal areas is essential to diagnosis and accommodation. A narrative description, discussion, and interpretation of the kinds of errors made by the applicant (e.g., computational inaccuracies vs. conceptual math errors; spelling or reading mistakes; missing easier items; and correctly answering more difficult items) and the consistency in patterns of errors is useful.

Behavioral observations. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis. A qualitative description of test behaviors and strategies used by the applicant in the testing process should be part of the comprehensive report. This description may include signs of anxiety, fatigue, or motivational issues.

Documentation Requirements

VI. C. Documentation Must Include a Specific Diagnosis

A clear diagnostic statement and a discussion of functional limitations due to the learning disability are required. The evaluation must document both the nature and severity of the learning disability. The evaluator must describe the impact the learning disability has on major life activities including the significance of this impact on the individual's learning.

Nonspecific diagnoses, such as individual "learning styles," "learning differences," "academic problems," "slow reader," and "test difficulty" or "test anxiety," do not constitute a learning disability. The evaluator is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of such expressions as "suggests" or "is indicative of" or "is consistent with." It is understood that the process used at the secondary level may merely provide a classification, whereas ETS requires an explicit diagnosis.

Rule out. It is important to rule out alternative explanations for problems in learning, such as emotional, attentional, medical, or motivational problems, in addition to medication effects that may be interfering with learning but do not constitute a learning disability. If the data do not support the presence of a learning disability, the evaluator must state that conclusion in the report.

Documentation Requirements

VI. D. Test Scores from Standardized Instruments Must Be Provided

Standard scores are preferred, but at the very least percentiles must be provided for all normed measures. Grade and age equivalents must be accompanied by standard scores and/or percentiles. The data must logically reflect a substantial limitation to learning for which the candidate is requesting the accommodation. The particular profile of the candidate's strengths and weaknesses must be shown to relate to functional limitations that necessitate accommodations.

The tests used must be reliable, valid, and standardized for use with an adolescent/adult population and whenever possible, the most recently normed version of the test should be used. The test findings must document both the nature and the severity of the learning disability. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests to further develop a clinical hypothesis.

Documentation Requirements

VI. E. Each Accommodation Recommended by the Evaluator Must Include a Rationale

It is important to recognize that accommodation needs can change over time and are not always identified through the initial evaluation process. Conversely, a prior history of diagnosis and accommodation, without demonstration of a current need, does not in and of itself warrant the provision of an accommodation.

The documentation must include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The data must logically reflect a substantial limitation to learning for which the applicant is requesting the accommodation. The particular profile of the applicant's strengths and weaknesses must be shown to relate to functional limitations and the requested accommodation(s). Where possible, the evaluator should link suggested accommodations to specific academic task demands. The evaluator should support recommendations with a rationale based upon specific test results and/or clinical observations. For example, if extended time is recommended as an accommodation, evidence must demonstrate improved performance with additional time. If no prior accommodation has been provided, the qualified professional and/or the applicant should include a detailed explanation of why no accommodations were used in the past and why an accommodation is needed at this time.

If an accommodation is not clearly identified in the diagnostic report, ETS will seek clarification, and, if necessary, more information. ETS will make the final determination as to whether accommodations are warranted and can be provided for the individual.

Documentation Requirements

VI. F. An Interpretative Summary Must Be Provided

A well-written summary based on a comprehensive evaluation process is a necessary component of a current evaluation or of an evaluation update. If tests are given by different evaluators, one evaluator should take responsibility for providing a cohesive interpretative summary that includes the information from all testing. Assessment instruments and the data they generate provide important elements that must be integrated by the evaluator with background information, observations of the applicant during the testing situation, and the current context to arrive at a diagnostic conclusion. It is essential, therefore, that professional judgment be used in the diagnosis and in the interpretative summary. The summary must include:

1. evidence that the evaluator ruled out alternative explanations for academic problems, such as limited educational exposure, poor motivation and/or study skills, emotional problems, attentional problems, and cultural/language differences;
2. evidence of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability;
3. evidence of the substantial limitation to learning presented by the learning disability and the degree to which it affects the individual in the testing context for which accommodations are being requested;
4. evidence of why specific accommodations are needed on the test and how the effects of the specific disability are mediated by the accommodations.

The summary must also contain any record of use of accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, and licensing or certification examinations).

Documentation Requirements

VII. Additional Sources of Information

Other sources of documentation can be used to corroborate the functional limitations and build a case for the requested accommodation(s). Relevant information from these sources should be summarized by the evaluator in the current disability documentation and/or included as an attachment by the applicant.

Depending on the degree and scope of the information it contains, a school-based document such as an Individualized Education Plan (IEP), a Section 504 plan, a Summary of Performance (SOP), or transition documentation can be included as part of a more comprehensive documentation packet. Prior evaluation reports should be reviewed by the evaluator and summarized in the history section or attached to the documentation packet. Documents and data from a Response to Intervention (RTI) process or from an SOP may provide useful supplemental information about a test taker's educational history, history of eligibility for services, history of limitations to academic achievement, and history of accommodation use.

Other supplemental forms of documentation may include school and/or college transcripts, evidence of a reduced course load or number of incompletes or dropped courses, a copy of an accommodation letter to faculty, a letter from a content area teacher, and official scores from national standardized tests (e.g., SAT, ACT). A detailed letter from a college disability services provider, Vocational Rehabilitation counselor, or Human Resources personnel describing current limitations and use of accommodations can also be helpful to supplement comprehensive documentation. A personal letter from the applicant in his/her own words explaining academic difficulties and coping strategies used may also be helpful. The evaluator's and/or the applicant's personal letter should highlight the relevant information from these other forms of documentation that add further credence to the current need for accommodations. The personal letter should not exceed one page and may include information regarding the date of the initial diagnosis, accommodations history in a variety of settings, a statement explaining the need for accommodations that are presently requested, and any additional supporting information for the requested accommodations.

Documentation Requirements

VIII. Confidentiality

ETS will not release any information regarding an individual's diagnosis or medical information without his or her informed written consent or under compulsion of legal process. Information will be released only on a "need to know" basis, except where otherwise required by law. Furthermore, to safeguard the confidentiality of individuals with disabilities, evaluators may withhold or redact any portion of the documentation that is not directly relevant to ETS's criteria for establishing a disability as defined by the ADA and a rationale for requested testing accommodations.

ETS encourages all institutions to provide secure storage for confidential and sensitive student and employee information that may be used in support of requests for ETS accommodations.

Appendix A

Recommendations for Consumers

1. For assistance in finding a qualified professional:
 - a. contact the school counselor or disability services coordinator at the institution you attend(ed) or one that is similar to the institution you plan to attend;
 - b. discuss your future plans with the school counselor or disability services coordinator at the institution you attend(ed) or plan to attend; and
 - c. refer to the attached list of resources and organizations for further assistance.
2. In selecting a qualified professional:
 - a. ask what his or her credentials are;
 - b. ask what experience he or she has had working with adolescents or adults with learning disabilities; and
 - c. ask if he or she has ever worked with the service provider at your institution.
3. In working with the professional:
 - a. take a copy of this policy to the professional; encourage him or her to clarify questions with the person who provided you with these guidelines;
 - b. provide the evaluator with a copy of the ETS "Tips for Evaluators" brochure or the web link: www.ets.org/disability.
 - c. If you were evaluated in the past, bring a copy of your original documentation to the evaluator. Provide the evaluator with copies of any previous assessments and available educational records (e.g., report cards, transcripts, standard test scores, etc.). This will assist your evaluator in understanding your educational history and guide the scope and direction of this re-evaluation
 - d. be prepared to be forthcoming, thorough, and honest with requested information; and
 - e. know that professionals must maintain confidentiality with respect to your records and testing information.
4. As follow-up to the assessment by the professional:
 - a. request a written copy of the assessment report;
 - b. request the opportunity to discuss the results and recommendations;
 - c. request additional resources if you need them; and
 - d. maintain a personal file of your records and reports.

Appendix B

Tests for Assessing Adolescents and Adults with Learning Disabilities

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments, including their reliability, validity, and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important. Whenever feasible, the most recent version of the test should be used. The following list includes a variety of popular standardized measures for diagnosing LD and/or LD/ADHD. It is meant to be a helpful resource to evaluators but not a definitive or exhaustive listing.

Tests of Intellectual Functioning

- *Kaufman Adolescent and Adult Intelligence Test*
- *Reynolds Intellectual Assessment Scales (RIAS)*
- *Stanford-Binet 5 (SB5)*
- *Test of Non-Verbal Intelligence (TONI-3)*
- *Wechsler Adult Intelligence Scale - III (WAIS-III)*
- *Woodcock-Johnson — III - Tests of Cognitive Ability*

The *Slosson Intelligence Test - Revised*, *Wechsler Abbreviated Scale of Intelligence (WASI)* and the *Kaufman Brief Intelligence Test (K-BIT-2)* are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation(s) decisions.

Attention, Memory, Learning

- *Brown Attention Deficit Disorder Scale*
- *California Verbal Learning Test (CVLT-II)*
- *Conners' Adult ADHD Rating Scale — Self Report*
- *Conners' Continuous Performance Test-II (CPT-II)*
- *Detroit Test of Adult Learning Aptitude (DTLA-A).*
- *Detroit Test of Learning Aptitude -3 (DTLA-3)*
- *Halstead-Reitan Neuropsychological Test Battery*
- *Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)*
- *Test of Variable Attention (TOVA)*
- *WAIS-III Working Memory Index (WMS)*
- *Wide Range Assessment of Memory and Learning - Second Edition (WRAML-2)*
- *Wechsler Memory Scales — III*
- *Wender Utah Rating Scale (for ADHD)*

Executive Functioning

- *D-KEFS*
- *Stroop Color and Word Test*
- *Trail Making Test Parts A and B*
- *Wisconsin Card Sorting Test*

Visual - Perceptual — Motor

- *Bender Visual Motor Gestalt Test*
- *Brief Visual-Spatial Memory Test*
- *Finger Tapping Test*
- *Grooved Pegboard Test*
- *Purdue Pegboard Test*
- *Rey-Osterrieth Complex Figure Drawing Test*

Language Skills

- *Boston Naming Test*
- *Comprehensive Test of Phonological Processing (CTOPP)*
- *Peabody Picture Vocabulary Test-III (PPVT- III)*
- *Test of Adolescent and Adult Language (TOAL-3)*

Tests of Achievement

- *Gray Oral Reading Test (GORT 4th Ed)*
- *Nelson-Denny Reading Test*
- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Diagnostic Mathematics Test*
- *Stanford Test of Academic Skills (TASK)*
- *Test of Adolescent and Adult Word Finding (TAWF)*
- *Test of Written Language - 3 (TOWL-3)*
- *Wechsler Individual Achievement Test-II (WIAT-II or specific achievement tests such as:)*
- *Woodcock-Johnson-III - Tests of Achievement*
- *Woodcock Reading Mastery Tests - Revised*

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information. The *Wide Range Achievement Test - 4 (WRAT-4)* is not a comprehensive measure of achievement and therefore should not be used as the sole measure of achievement. Given that the differential diagnosis of LD often involves considering other co-occurring or co-morbid conditions, there is a wide variety of other tests or measures that may be appropriate to include in a diagnostic report. A brief list of representative measures is listed below:

Miscellaneous Other Measures

- *Beck Depression Inventory - Second Edition (BDI-II)*
- *Beck Anxiety Inventory*
- *MMPI -2*
- *Personality Assessment Inventory (PAI)*
- *Revised Test Anxiety Scale*
- *Test of Memory Malingering (TOMM)*

Appendix C

Association on Higher Education and Disability (AHEAD)

107 Commerce Center Drive, Suite 204

Huntersville, NC 28078

704-947-7779 voice

704-948-7779 Fax

Internet: <http://www.AHEAD.org>

An excellent organization to contact for individuals with disabilities who are planning to attend college and who will need accommodations. Numerous training programs, workshops, publications, and conferences.

Attention Deficit Disorder Association (ADDA)

15000 Commerce Parkway, Suite C

Mount Laurel, NJ 08054

856-439-9099 voice

856-439-0525 Fax

Internet: <http://www.add.org>

The mission of ADDA is to provide information, resources and advice to adults with AD/HD and to the professionals who work with them. ADDA has an annual conference, a quarterly newsletter, audio and video tapes, and provides adults with advocacy and networking opportunities.

The Council for Exceptional Children (CEC)

1110 North Glebe Road, Suite 300

Arlington, VA 22201- 5704

1-888-CEC-SPED voice — Toll free

703-620-3660 voice

866-915-5000 TTY

703-264-9494 Fax

Internet: <http://www.cec.sped.org>

The largest international professional organization committed to improving educational outcomes for individuals with disabilities and/or gifted. The Division for Learning Disabilities (DLD) is the largest division in CEC. It produces a top-tier research journal, Learning Disabilities Research & Practice, and a triannual newsletter.

International Dyslexia Association (IDA)

40 York Road, 4th Floor

Baltimore, MD 21204-5202

410-296-0232 voice

1-800-ABCD-123 voice — Toll free for Messages

410-321-5069 Fax

Internet: www.interdys.org

The IDA is an international, nonprofit organization dedicated to the study and treatment of learning disabilities and dyslexia. For nearly 52 years, the IDA has been helping individuals with dyslexia, their families, teachers, physicians, and researchers to better understand dyslexia. IDA has more than 13,000 members with 40 branches in the U.S. and Canada.

Learning Disabilities Association of America (LDA)

4156 Library Road
Pittsburgh, PA 15234-1349
412-341-1515 voice
412-344-0224 Fax
Internet: www.ldanatl.org

LDA is the largest nonprofit volunteer organization advocating for individuals with learning disabilities. LDA has more than 200 local affiliates in 50 states, Washington, D.C. and Puerto Rico. LDA seeks to educate individuals with learning disabilities and their parents about the nature of the disability and inform them of their rights. A national newsletter, Newsbriefs, is published six times a year.

National Center for Learning Disabilities (NCLD)

381 Park Ave. South, Suite 1401
New York, NY 10016
212-545-7510 voice
212-545-9665 Fax
1-888-575-7373 —Toll free
Internet: www.nclld.org

NCLD's mission is to promote public awareness and understanding of children and adults with learning disabilities, and to provide national leadership on their behalf, so they may achieve their potential and enjoy full participation in society.

Recording for the Blind & Dyslexic (RFB&D)

20 Roszel Road
Princeton, NJ 08540
609-452-0606 voice
1-800-221-4792 voice — Toll free (book orders)
609-520-7990 Fax
Internet: www.rfbd.org

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