

# Documenting Physical Disabilities

## Policy Statement for Documentation of Physical Disabilities and Chronic Health-related Conditions in Adolescents and Adults, Second Edition

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Office of Disability Policy  
Educational Testing Service  
Princeton, NJ 08541

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## Preface

This second edition includes an updated, comprehensive set of guidelines for the clinical documentation of diagnosed physical disabilities and chronic health conditions that rise to the level of a disability in adolescents and adults. This documentation is necessary to validate both the presence of a disability and the need for reasonable accommodations for candidates seeking to register with Educational Testing Service (ETS). These guidelines may be used to verify eligibility for reasonable and appropriate accommodations as defined under Section 504 of the Rehabilitation Act as amended and the Americans with Disabilities Act Amendments Act (ADA AA) of 2008 and are intended for use by individual test takers and qualified diagnosticians. ETS acknowledges that each test-taker's circumstances are unique and that a case-by-case approach to documentation requirements for physical disabilities or chronic health conditions is helpful to both individuals and their evaluators. ETS has separate guidelines for [documentation](#) of learning disabilities (LD), attention-deficit/hyperactivity disorder (ADHD), hearing loss and psychiatric disabilities.

Test takers should be assured that reviewers of disability documentation will be sensitive in reviewing this information. Furthermore, to safeguard 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 AA and a rationale for testing accommodations. ETS will not release any information regarding an individual's diagnosis or medical condition without his or her informed written consent or under compulsion of legal processes. Information will be released only on a "need to know" basis, except where otherwise required by law.

# Introduction

Under the ADA AA and Section 504 of the Rehabilitation Act as amended, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. ETS recognizes that physical disabilities and chronic health conditions are generic terms that can refer to a variety of impairments of short or long duration. Physical disabilities include traumatic brain injury, cerebral palsy, multiple sclerosis and arthritis. Chronic health conditions typically involve major bodily functions and include diabetes, Crohn's disease, asthma and other immune system disorders. (The preceding lists are not exhaustive.) ETS may consider approval of accommodation requests for medical conditions that are episodic in nature for which the functional limitations can be documented over time (e.g., migraines).

The ADA AA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, walking, standing, lifting, breathing, speaking, communicating, concentrating, reading and working. (Please see [Appendix A](#).) According to the ADA AA, mitigating measures other than ordinary eyeglasses or contact lenses shall not be considered in assessing whether or not an individual has a disability.

To establish that an individual is covered under the ADA AA, documentation must therefore indicate that the individual has a specific disability which substantially limits or restricts the condition, manner or duration of performing a major life activity. A diagnosis of a disorder/condition/syndrome or impairment in and of itself does not automatically qualify an individual for accommodations under the ADA AA.

To prevent unnecessary delays in decision-making regarding the provision of accommodations, documentation submitted to support eligibility for accommodations should be comprehensive.

If a test taker with a documented disability or chronic health condition becomes ill just prior to the test so that he or she cannot start the test, the test taker must notify Disability Services promptly, before test time. In the event that such a test taker becomes ill during the test and therefore cannot complete it, she or he will be permitted to cancel the scores while still at the test center. In either case, the test taker should contact Disability Services and will be permitted to reschedule the test for another day without financial penalty, in accordance with existing program policies.

# Documentation Requirements

## 1. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses, offering clinical judgments specific to the test taker about physical disabilities or chronic health conditions and/or making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include both (1) comprehensive training and relevant expertise in the specialty and (2) appropriate licensure/certification.

Qualified health care providers or evaluators are defined as those licensed or certified individuals who evaluate and diagnose physical disabilities or chronic health conditions. These individuals include medical doctors, surgeons, chiropractors, optometrists, audiologists, physical therapists, speech therapists, neuropsychologists and other relevantly trained health care professionals qualified to make such diagnoses. The health care provider who writes the report should have personally evaluated or examined the test taker. Documentation may be provided from more than one source when a clinical team approach employing a variety of professionals has been used.

A diagnosis of a physical disability or chronic health condition documented by a family member will not be accepted because of professional and ethical considerations, even when the family member is otherwise qualified by virtue of training and licensure or certification. The issue of dual relationships, as defined by various codes of professional ethics, should be considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

Finally, the name, title and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment and the state or province in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed on professional letterhead, dated and signed.

## 2. Documentation Should Reflect Current Functional Limitations

Although some individuals have longstanding or permanent diagnoses, because of the changing manifestations of many physical disabilities and chronic health conditions, it is essential that a test taker provide recent and appropriate documentation from a qualified professional. If the diagnostic report is more than six months old, the test taker must also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the test-taker's current functional limitations during the preceding six months and a rationale for each of the requested testing accommodations.

If the nature of the medical condition is episodic or transitory (e.g., lupus, chronic fatigue syndrome), then ETS may require documentation that addresses the frequency and duration of the test-taker's current functional limitations and need for the requested accommodations. In some cases, the updated letter from a qualified professional may simply address why documents or reports that have been submitted and that are older than six months continue to be relevant in their entirety. Since reasonable accommodations are based upon the current impact of the disability, the documentation must address the individual's current level of functioning and the need for each requested testing accommodation. The nature, severity and extent of the test-taker's condition and the functional limitations as they relate to test taking should be addressed. The recommendations cannot be supported solely by a history of prior accommodations or self-report.

If the condition is of a permanent or unchanging nature (e.g., cerebral palsy, diabetes), then disability documentation does not need to include an extensive listing of test instruments. A simple statement from a qualified professional should suffice as long as it indicates that the functional impact of the disability or chronic health condition is unchanging or permanent.

### 3. Documentation Necessary to Support the Diagnosis Should be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. In addition to a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data, the diagnostic report should include the following components:

- A **a specific diagnosis.** Qualified professionals are encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a physical disability or chronic health-related condition, avoiding such speculative language as "suggests," "is consistent with" or "could have problems with" in report.
- B **a description of current functional limitations.** This would include daily life activities in academic and/or employment environments, with the understanding that a physical disability or chronic health condition usually presents itself across a variety of settings.
- C **medical information.** This would include describing how the current functional limitations restrict the condition, manner or duration of the test-taker's performance of a major life activity.
- D **side effects 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. Should the test taker be experiencing side effects, a list of prescribed medications and frequency of use may be helpful.
- E **evidence for other possible explanations.** Evidence that other possible explanations for the functional limitations have been investigated and ruled out (e.g., other health concerns).

## 4. A Rationale for Each Accommodation or Device Should be Included

- A A link must be established between each requested accommodation and the individual's current functional limitations that are pertinent to the testing situation. Clinicians and qualified professionals should be highly specific with the disability-driven rationale for the requested accommodation(s).
- B A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, although migraine headaches can be very painful and distressing, the mere anticipation that one is going to have a migraine is not a disability.
- C Medical devices (such as glucose monitor, oxygen tank, inhaler), snacks and beverages that are needed in the testing room must be requested and approved in advance of testing. The use of medical devices, snacks or beverages during breaks only does not require advance approval.
- D Accommodations will be provided only when a clear and convincing rationale is given for the necessity of the requested accommodations. Given the nature of certain diagnoses, it may be appropriate for qualified professionals to recommend as an accommodation additional rest breaks for medical routines (e.g., checking blood sugar, stretching, taking medication or toileting). Furthermore, extra or longer rest breaks may better accommodate a given disability than would additional testing time.
- E A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. Furthermore, if there is no prior history of accommodations, the evaluator and/or the test taker must include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

## 5. Multiple Diagnoses

When physical disabilities or chronic health-related conditions occur in combination with attentional, psychiatric, sensory and/or learning disabilities, relevant information about these latter diagnoses as they apply to the specific test-taking environment must be included. This document provides guidelines necessary to establish the impact of physical disabilities and chronic health conditions on an individual's educational or work performance and to validate the need for testing accommodations. In the case of multiple diagnoses, evaluators should consult the appropriate [ETS policy statements](#) regarding these conditions.

## Conclusion

These documentation guidelines are meant to be comprehensive but not overly burdensome so that test takers with physical disabilities and/or chronic health conditions can secure the accommodations that they need in a timely manner. It is incumbent on test takers with disabilities both to review the annual [ETS Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs](#) for additional information on the registration process and to submit their disability documentation early to prevent unnecessary delays.

**Major life activity:** Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks.

**Current functional limitation:** A substantial impairment in an individual's ability to function with respect to the condition, manner or duration of a required major life activity.

**Health-related needs:** A variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc.

These policy statements may also be obtained by contacting:

ETS Disability Services  
P.O. Box 6054  
Princeton, NJ 08541-6054  
Phone: 1-609-771-7780  
TTY: 1-609-771-7714 (for individuals with hearing or speech disabilities)  
Fax: 1-609-771-7165  
Email: [stassd@ets.org](mailto:stassd@ets.org)