



TIPS FOR EVALUATORS of Adolescents and Adults with Disabilities

INTRODUCTION

ETS receives more than 15,000 requests for accommodations from individuals with disabilities each year for our graduate and professional tests. Testing agencies such as ETS are responsible for providing access to these tests for candidates with disabilities, along with reasonable accommodations to ensure fairness for all test takers.

ETS strives to take a fair and balanced approach that is not overly burdensome to the test taker and to apply documentation guidelines uniformly across all test takers. Changes to our documentation guidelines were made in 2015 and 2023 based on guidance from the U.S. Department of Justice, the evolving legal landscape and changes initiated by college disability/accessibility services offices. Despite these changes, documentation remains one of our primary sources of information concerning an individual's disability, functional limitations and need for accommodations. We review each request with its accompanying documentation on a case-by-case basis, considering the test taker's history and scores of all psychometric tests and measures as well as the qualitative descriptions reported by the evaluator.

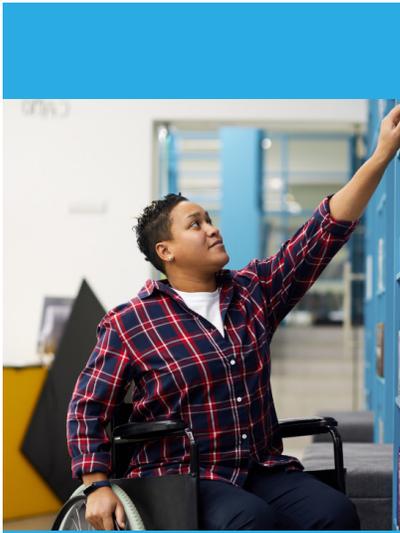
The evaluator's role in this process is critical. By providing ETS with thorough, accurate and up-to-date disability documentation, the evaluator can ensure that the process moves smoothly and that the test taker receives the fair and reasonable accommodations needed to mitigate the effects of the disability.

When a test taker submits information from an evaluator who has not provided a sufficient rationale that links a test taker's disability-related functional limitations with requested accommodations, the test taker receives a "preliminary review letter." This letter describes the additional information that may be helpful to support the requested accommodations.



The Office of Disability Policy (ODP) offers the following summary of our guidelines to help evaluators as they write diagnostic reports for individuals with disabilities who are planning to take one of ETS's tests. For information on the ETS Documentation Guidelines for specific disabilities, such as learning disabilities (LD), ADHD, autism spectrum disorder (ASD), traumatic brain injury (TBI), psychiatric and physical disabilities, and intellectual disabilities (ID), please consult the ODP website at **ets.org/disabilities**.

Familiarity with our accommodations guidelines and procedures is the best way for evaluators to prevent unnecessary delays in the process.



CORE FEATURES: ALL DIAGNOSTIC REPORTS

Report format and identifying information

Documentation should be legible (typed or printed in English on letterhead), dated and signed. It should include the name, title and professional credentials (degree, license and/or certification number) of the evaluator as well as the test taker's identifying information (full name and date of birth). For evaluations conducted via tele-assessment, please see **ETS Tele-Assessment Guidance**.

Qualified evaluator

Professionals conducting assessments, rendering diagnoses of disabilities, offering clinical judgments and making recommendations for accommodations must have the training, expertise and appropriate licensure/certification to do so. Evaluations conducted by interns supervised by an appropriately credentialed professional are also acceptable.

Recency

The provision of reasonable accommodations is based upon the current functional impact of the test taker's disability on the testing activity. Therefore, it is necessary to provide either recent documentation or verification of a well-established history of disability, functional impairment and/or prior accommodations approval from another standardized testing agency. Verification is established via an evaluator's review of actual records and explicit listing of records reviewed in the written report. Please review the tables in the section titled "KEY AREAS OF EVALUATION BY DISABILITY TYPE" for the recency guidelines for the specific disability being assessed.

History and background

An early history of a disability can be a key factor in substantiating an ongoing disability. If the disability was identified early in the test taker's academic career, it is important for the evaluator to verify this fact as well as how the disability manifested itself. This section should include a comprehensive history of presenting problems associated with the disability, as well as information on the test taker's medical, developmental, educational, employment and family history. Consistent with prevailing professional standards, information should be obtained from third-party informants and/or direct review of relevant records in addition to self-report in order to provide a good understanding of the test taker, their history, functional limitations and the way these limitations impact the current test-taking situation. The history should also include the date of initial diagnosis, as well as the duration and severity of the disability.

Relevant observations of behavior

Behavioral observations, combined with the clinician's professional judgment and expertise, are often critical in helping to formulate and convey a diagnostic impression and disability-related functional limitations in order to determine the appropriateness of requested accommodations.



Specific diagnosis/diagnoses

A clear statement of the disability should be included in the report and based on the most recent edition of the DSM of the American Psychiatric Association or the ICD of the World Health Organization (preferably listed in a specific diagnostic section of the report with the diagnosis and accompanying diagnostic code).

Current functional limitations

A full discussion of the test taker's limitations due to the disability and its impact on academic performance, employment and major life activities (e.g., caring for oneself, performing manual tasks, etc.) is extremely helpful.

Specific recommendations with a rationale based on objective evidence

It is important to establish a link between the requested accommodations and the disability-related functional limitations that are pertinent to the anticipated testing situation. If a test taker has no history of accommodations but they appear to be warranted now, the evaluator should provide a clear and explicit rationale for why the accommodations are necessary at this time.

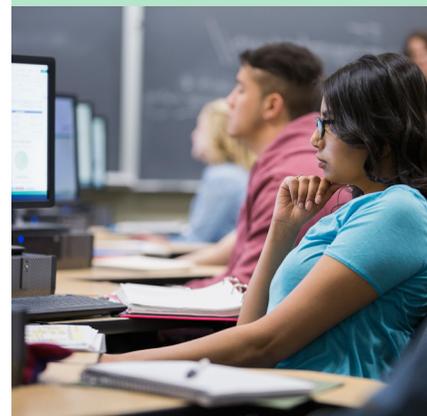
CORE FEATURES OF TYPES OF DIAGNOSTIC REPORTS FOR LD, ADHD, ASD, TBI AND/OR ID

Reason for referral and history of the problem

There should be a clear and detailed history that supports the reason for referral, along with corroborative data from educational and/or other relevant records whenever possible. This may, for example, include failed courses, multiple incompletes in coursework, slow reading or an uneven job history. If accommodations are needed in the testing situation but not in other circumstances, the report should clarify and provide a rationale for this distinction. Prevalent diagnostic criteria suggest that a disability in learning or attention, which is substantially limiting to a major life activity, usually affects areas other than test taking.

Evaluation measures used in the report

All evaluation measures used in the report should be reliable, valid and age-appropriate. Additionally, the most recent edition of each diagnostic measure should be used unless a relevant clinical rationale is provided for not doing so. If an evaluator uses a diagnostic instrument that is not age-appropriate, they should note this along with the rationale for its use. If any test procedure deviates from the test publisher's instructions for standardized administration, it should be reported, as should the potential limitations of any score comparisons based on a nonstandard administration. Similarly, if an evaluator readministers a test within a one- to two-year period, they should acknowledge that there may be a practice effect that can impact the scores, if applicable.



Scores (i.e., all subtests and composite scores) should be reported as standard scores, scaled scores, and/or percentiles as applicable. Age- and grade-equivalent scores are not standard scores. They may be reported for additional information if applicable; however, they may not be used as a substitute for standard scores, scaled scores or percentiles.

Clinical summary

A clinical summary that recaps the most salient points of the report and synthesizes key findings is very helpful and should include:

- the examinee's strengths and weaknesses
- the evaluator's diagnostic formulation and the rationale to support it (What diagnostic criteria does the examinee meet? What other possible diagnoses or causal factors have been ruled out?)
- whether the diagnosis results in a disability/functional limitations (What, if any, functional impairment does the diagnosis cause generally across life contexts and specifically as related to test taking?)

This should be supported by objective data, clinical observations and should indicate the accommodations needed to address the test taker's disability-related functional limitations. A direct link should be made between the disability-related functional limitation and the accommodation that is recommended to mitigate its impact.

If the candidate used additional time during the evaluation, then the evaluator should clearly describe how this additional time was used. For example, did the test taker need to re-read materials or have a generally slow processing speed? It is suggested that the evaluator not only rely on scores of psychometric measures but also consider other factors — including the test taker's perspective — to convey a more complete understanding of the test taker and their experience.

Documentation updates

ETS is aware of the cost often borne by test takers with disabilities who are seeking accommodations for our tests and whose documentation may not include sufficient information for accommodations determination. To address this concern, ETS encourages documentation updates for test takers with LD, ADHD, ASD, TBI and ID. A documentation update is a brief report or a narrative by a qualified professional that includes a summary of previous disability documentation findings, as well as additional clinical and observational data to clarify the candidate's need for the requested accommodations in the current testing situation. For LD, ADHD and ID, the documentation update may also include updated academic achievement testing that substantiates the ongoing impact of the disability on academic performance. Although not required in the documentation update for ADHD, TBI and ASD, academic achievement testing may be helpful to demonstrate how the individual's functional limitations impact the current testing situation.



KEY AREAS OF EVALUATION BY DISABILITY TYPE

The following tables summarize key areas of evaluation for specific disability categories and describe essential components that should be included in documentation. The evaluation report narrative should include an integrated analysis of all assessment measures, a diagnosis, related functional limitations, and recommendations for accommodations that are explicitly linked to the test taker's disability-related functional limitation(s).

Key Areas of Evaluation for LD, ADHD and ASD

	LD	ADHD	ASD
Qualified Professional	Clinical, school or educational psychologists, neuropsychologists, learning disabilities specialists	Licensed psychologists, neuropsychologists, psychiatrists, other appropriately trained medical doctors	Psychologists, neuropsychologists, speech/language therapists, occupational therapists, psychiatrists, other appropriately trained professionals
Evaluation Recency	Within five years of the date of the accommodations request		
Intellectual Functioning/General Cognitive Ability	Measurement of intellectual functioning/general cognitive ability using a measure with adult norms, such as the most recent edition of the WAIS or WJ		
Executive Functioning	Assessment of selective attention, working memory, goal-setting ability, organization/planning, cognitive flexibility, time management, and self-monitoring		
Processing Abilities	Measures of memory, working memory, processing speed (e.g., reaction time, inspection time, speeded naming), aspects of auditory processing (e.g., auditory discrimination, auditory attention, etc.) and aspects of visual/visual-spatial processing (e.g., visual tracking, visual scanning, visual attention, etc.)		
Academic Achievement	Comprehensive evaluation of academic achievement using measures such as the most recent version of the WJ, WIAT or SATA (screening measures such as the WRAT are not appropriate)	Depending on the type of accommodations requested, academic achievement testing may be necessary	Depending on the type of accommodations requested, academic achievement testing may be necessary
Age of Onset	Age of onset, developmental history and progression over time	Developmental history should demonstrate that symptoms were present in multiple settings prior to the age of 12 years and continue to the present time	Age of onset, developmental history and progression over time

	LD	ADHD	ASD
Rule Out Alternative Explanations	Other explanations for lack of educational progress — such as emotional factors, English as a Second Language or other conditions — should be investigated and ruled out	Other explanations for the problems with attention and/or executive functions that may be due to psychiatric factors, medication side effects or learning disability should be discussed	Other explanations for functional limitations and/or co-occurring disabilities, such as psychiatric disabilities, should be addressed
Other Important Considerations	<p>Discussion of speaking and/or listening abilities, as well as any pragmatic communication issues</p> <p>If psychiatric co-morbidity is involved, documentation from a psychiatrist or comparable professional should be considered</p>	<p>Discussion of medication history, medication regimen and adherence, relevant side effects and positive/negative responses to medication</p> <p>If psychiatric co-morbidity is involved, documentation from a psychiatrist or comparable professional should be considered</p> <p>Information from third-party informants (e.g., questionnaires, checklists and/or interview data, etc.) should be provided as is consistent with prevalent recommended standards for assessment of ADHD</p>	<p>Discussion of speaking and/or listening abilities, as well as any pragmatic communication issues</p> <p>Discussion of medication history, medication regimen and adherence, side effects (if relevant) and positive/negative responses to medication</p> <p>If psychiatric co-morbidity is involved, documentation from a psychiatrist or comparable professional should be considered</p>

Key Areas of Evaluation for Psychiatric Disabilities, Physical Disabilities and TBI

	Psychiatric Disability	Physical Disability	TBI
Qualified Professional	Licensed psychologists, neuropsychologists, psychiatrists, other appropriately trained medical doctors, clinical social workers, school psychologists, psychiatric nurse practitioners	Medical doctors, surgeons, chiropractors, physical therapists, speech and language pathologists, neuropsychologists, other appropriately trained health care professionals	Clinical psychologists, neuropsychologists, neurologists, occupational therapists, speech and language pathologists, and other appropriate health care professionals with training and experience in the assessment of TBI in adolescents and adults

	Psychiatric Disability	Physical Disability	TBI
Evaluation Recency	Evaluation should have been conducted or updated within one year of the date of the accommodations request	If the disability is of an unchanging nature, documentation does not need to be recent For physical disabilities of a changing nature or health-related needs, documentation should be dated within one year of the date of the accommodations request	If the date of injury occurred within the past year, current documentation is recommended If the date of injury exceeds one year, documentation should be dated within three years of the date of the accommodations request
Intellectual Functioning/General Cognitive Ability	Assessment of intellectual functioning/general cognitive ability may be helpful when considering accommodations	If applicable	Measurement of intellectual functioning/general cognitive ability using a measure with adult norms, such as the most recent edition of the WAIS or WJ may be helpful
Executive Functioning	Assessment of executive functioning may be helpful for accommodations determination	If applicable	Assessment of selective attention, working memory, goal-setting ability, organization/planning, cognitive flexibility, time management and self-monitoring may be helpful
Processing Abilities	Measures of memory, working memory, processing speed (e.g., reaction time, inspection time, speeded naming), aspects of auditory processing (e.g., auditory discrimination, auditory attention, etc.) and aspects of visual/visual-spatial processing (e.g., visual tracking, visual scanning, visual attention, etc.) may be helpful	If applicable	Measures of memory, working memory, processing speed (e.g., reaction time, inspection time, speeded naming), aspects of auditory processing (e.g., auditory discrimination, auditory attention, etc.) and aspects of visual/visual-spatial processing (e.g., visual tracking, visual scanning, visual attention, etc.) may be helpful
Academic Achievement	Assessment of academic achievement may be helpful in determining accommodations	If applicable	Evaluation of academic achievement using a comprehensive measure such as the most recent edition of the WJ, WIAT or SATA (screening tools such as the WRAT are not appropriate) may be helpful

	Psychiatric Disability	Physical Disability	TBI
Age of Onset	Date of initial diagnosis		Date of traumatic event
Rule Out Alternative Explanations	Other diagnoses such as ADHD, substance abuse, medical illness, etc. and/or other causal factors should be ruled out	All medical conditions should be fully discussed	Other diagnoses such as ADHD, substance abuse, medical illness, etc. and/or other causal factors should be ruled out
Other Important Considerations	Objective data from individually administered tests/questionnaires designed to measure emotional adjustment, personality and psychopathology as well as qualitative information (direct clinical observations, interview data) and subjective (self-report) data	Medication side effects the test taker experiences should be discussed	Discussion of co-occurring disabilities, such as physical, psychiatric and/or sensory limitations caused by the TBI, if applicable

Key Areas of Evaluation for Blindness/Low Vision and Deaf/Hard of Hearing

	Blindness/Low Vision	Deaf/Hard of Hearing
Evaluation Recency	<p>For blindness/legal blindness, documentation does not need to be current</p> <p>For low vision, documentation from within the past three years of the date of the accommodation request is required</p> <p>For convergence insufficiency or other vision issues, documentation within the past three years is required</p>	<p>For deaf/hard of hearing individuals, documentation does not need to be current unless there is significant change in hearing status or amplification use</p> <p>For conditions such as tinnitus, updated documentation within three years of the date of the accommodations request is recommended</p>
Additional Necessary Data	<p>Statement of visual acuity and/or visual fields</p> <p>Date of onset of vision loss</p> <p>Functional impact on processing speed, reading and/or test taking</p> <p>Use of accommodations, corrective lenses and/or assistive devices</p>	<p>Audiogram or audiometric report, preferably including both aided and unaided data if the individual uses amplification regularly</p> <p>Date of onset of hearing loss</p> <p>Statement regarding permanent or fluctuating nature of the hearing loss</p> <p>History of accommodations use</p> <p>Information on the effectiveness of hearing aids, cochlear implants, other assistive devices and accommodations</p>

For more information, contact us:

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