

Documentation Guidelines for Test Takers with Learning Disabilities

Office of Disability Policy
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I. Preface

Educational Testing Service (ETS) recognizes the importance of periodic review of documentation guidelines to ensure that they reflect current practice and professional standards, developments in the field and recent guidance from the Department of Justice. This edition (2025) of the ETS Documentation Guidelines for Test Takers with Learning Disabilities incorporates the previous editions and introduces other changes based upon many years of experience with test takers with learning disabilities.

II. Introduction

ETS is committed to providing reasonable testing accommodations for test takers with documented disabilities as recognized under the ADA Amendments Act of 2008 (ADAAA). We review requests for accommodations on a case-by-case basis according to established policies and practices, which ensure that people with disabilities have equal access to ETS tests. This document provides guidance to test takers with learning disabilities who are requesting accommodations. It also provides guidance to evaluators regarding the documentation of learning disabilities and the linking of accommodation requests to disability-related functional limitations.

You may refer to <https://www.ets.org/disabilities/test-takers.html> for helpful information on requesting accommodations, registering for a test and scheduling a test date. You can also use the “For Test Takers” page for a list of common accommodations, information on where to find bulletins for the test(s) you plan to take, how to determine if documentation is needed to support requested accommodations, and how to register, pay for and schedule the test(s).

To provide more information for your evaluators or other relevant professionals, please direct them to <https://www.ets.org/disabilities/evaluators.html>.

Definition

Learning disabilities is a general term that refers to a heterogeneous group of disorders characterized by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Although learning disabilities may co-occur with other disabilities (e.g., sensory impairment, intellectual disabilities, psychiatric conditions, etc.) or with environmental influences (e.g., cultural or linguistic differences, insufficient or inappropriate instruction, etc.), they are not the result of those conditions or influences (Adopted from the National Joint Committee on Learning Disabilities, 2016).

III. Documentation Details

Who should conduct an evaluation and what identifying information is important?

A qualified professional, with demonstrated training and experience in the assessment of learning disabilities in adolescents and adults, should conduct the evaluation. An appropriately trained and licensed clinical or school psychologist, neuropsychologist or other comparable professional is generally considered qualified to evaluate and diagnose learning disabilities.

The name, title and professional credentials of the evaluator should be clearly stated in the documentation. This information should include licensure and/or certification, as well as the areas of specialization, employment, and the state or province in which the individual practices. Evaluations conducted by tele-assessment or via a hybrid of tele-assessment and in-person assessment should indicate which parts of the evaluation were conducted in person and which parts were conducted remotely. Remote assessments should state the geographic location(s) of the evaluator and the test taker at the time of evaluation. For additional information, please see ETS Tele-Assessment Guidance, <https://www.ets.org/pdfs/disabilities/tele-assessment-guidance.pdf>. All reports should be on letterhead, typed in English, dated, signed and otherwise readable.

How recent should documentation be?

In order for a determination to be made regarding reasonable accommodations, documentation should verify the functional impact of the disability as it relates to the current test-taking situation. For most test takers, a diagnostic evaluation completed within the past five years and/or when the test taker was at least 16 years of age may be helpful as is information regarding the test taker's longer standing history of disability.

What should be included in an evaluation?

A. Sources of information

- a list or brief narrative paragraph of all sources of information used in the evaluation. This includes but is not limited to: (1) records personally reviewed by the evaluator (i.e., IEPs, Section 504 plans, employer performance reviews, school transcripts, prior evaluation reports, medical records, standardized test results, etc.); and (2) information from third-party informants who were either interviewed or completed questionnaires, inventories, etc.

B. A summary of a clinical interview and behavioral observations including

- a history of presenting problems associated with the disability as well as information about the test taker's medical, developmental, educational, vocational and family history; a discussion of pre-existing or co-existing conditions (i.e., behavioral, medical, neurological, psychiatric, etc.); any history of medication use that may affect the individual's learning or test-taking performance; and the date of diagnosis, duration and severity of the disorder. Per "sources of information" above, a combination of applicant self-report, interviews with others (i.e., third-party or collateral informants), and review of transcripts and prior standardized test scores is recommended consistent with prevailing clinical standards.
- a qualitative description along with behavioral examples of the applicant's test behaviors and strategies used in the testing process. This description may include signs of anxiety, fatigue or motivational issues, etc.

C. Assessment of cognitive ability, information processing and academic achievement

- objective data in the evaluation which reflects disability-related functional limitations that impact learning and/or test-taking. Assessment should consist of a suitably comprehensive, individualized, standardized, and norm-appropriate battery that reflects the functional limitations associated with the requested accommodations. The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual needs of the test taker, sound clinical judgment and prevailing professional practices.

D. Test scores from standardized instruments

- tests that are reliable, valid, and standardized for use with any adolescent/adult population; and, whenever possible and appropriate, the most recently normed edition of the test should be used. In rare instances, it is clinically acceptable to use a previous edition of a test or a test with a norm group that does not align with the test taker's age, grade, etc. When a previous edition of the test is used or when "out-of-norm" testing is clinically indicated, the evaluator should explicitly state this in the narrative and should provide a clinical rationale for why this choice was made. The test findings should document both the nature and the severity of the learning disability. Informal inventories, surveys and direct observation by a qualified professional may be used along with formal tests and often help to provide a clearer understanding of the test taker.
- standard scores and/or percentile ranks for all measures administered (i.e., composite scores and subtests). The data should reflect and directly link a substantial limitation to learning for which the test taker is requesting the accommodation. The particular profile of the test taker's strengths and weaknesses should be shown to relate to functional limitations that necessitate accommodations (i.e., accommodations are determined on the basis of functional limitations associated with a diagnosis, not on the basis of a diagnosis itself). In addition to scores reported in the evaluation narrative, a score table(s) of standard scores and/or percentile ranks for all measures administered (i.e., composite scores and subtests) is recommended.

E. A clear diagnosis and statement of disability (i.e., functional limitations)

- a clear diagnostic statement, in accordance with the most recent edition of the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or International Classification of Disease (ICD) of the World Health Organization, and a discussion of functional limitations due to the learning disability. The evaluation should document both the nature and severity of the learning disability. The evaluator should describe the impact the learning disability has on major life activities across multiple domains (e.g., school, employment, interpersonal relationships, etc.) including the significance of this impact on the individual's learning and test taking in particular.
- direct and specific language regarding the diagnosis and documentation of a learning disability based on either the DSM or ICD. Nonspecific descriptors, such as individual "learning styles," "learning differences," "academic problems" or "slow reader" do not constitute a learning disability.
- rule outs. It is important to rule out alternative explanations for problems in learning, such as emotional, psychiatric, attentional, medical, situational or motivational factors 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 should state that conclusion in the report.

F. A rationale for each accommodation recommended by the evaluator

- specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The data should reflect a substantial limitation to learning for which the applicant is requesting the accommodation. The evaluator should support recommendations with a rationale based upon objective data (i.e., specific test results) and/or clinical observations.

G. An interpretive summary

- a well-written summary based on an appropriate assessment. Psychometric measures and the data they generate provide important information. The evaluator should integrate this assessment information, with the current reason for referral, the test taker's history (i.e., including records reviewed and information from third party informants) and behavioral observations of the applicant during the evaluation, to support a diagnostic formulation. The diagnosis and interpretive summary require professional judgment and should address:
 - how patterns in cognitive ability, achievement, and/or information processing are used to determine the presence of a learning disability;
 - 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; and
 - why specific accommodations are needed on the test and how the effects of the specific disability are mediated by the accommodations.

What if the submitted documentation is insufficient for current accommodation determination?

If the submitted documentation does not provide sufficient information for current accommodation determination, a re-evaluation or a documentation update may be submitted.

A documentation update is a brief report by a qualified professional. It should include a summary of the disability history and the original documentation findings, as well as a clinical update that reaffirms the learning disability diagnosis and introduces any new factors related to the functional limitations related to the disability. The evaluation instruments selected for the update may include only those tests and scales that illustrate the nature of the test taker's disability and its impact on learning and test taking. It is essential that the professional address the functional impact on the test taker and, more specifically, its potential impact in the current test-taking situation. Accommodation recommendations should be specific and directly linked to the test taker's functional limitations. The update should also include a rationale regarding the need for any requested accommodations.

In addition to documentation from a professional, any information from the applicant that helps to clarify and/or illustrate the need for the requested accommodation(s) in the current testing situation is also welcome. This might include a personal statement from the test taker that explains how the disability affects learning, test-taking and performance.

The following are general recommendations about information to provide in a documentation update:

- a restatement of the current diagnosis accompanied by supporting documentation, if available, including date(s) for all prior diagnoses and data that were used to establish the diagnosis;
- verification of continuing weaknesses in those areas identified in prior evaluation(s);
- a statement from a professional who has worked with the test taker about how the test taker's functional limitations may impact the current test taking situation;
- observational data from test taker's clinician, a disability service professional and/or a work supervisor regarding relevant behaviors such as ease of work production, test taking and/or the general impact of the learning disability;
- a history of the accommodations the test taker has received and the consistency and circumstances of their use (e.g., type of test for which accommodations have been most helpful), or an explanation of why accommodations have not been used previously but are needed now; and
- a discussion of the appropriateness of the requested accommodations for the specific ETS test which the test taker is applying to take.

When is a documentation update particularly helpful?

No exact combination of factors ultimately determines whether a more in-depth reevaluation or documentation update would be the most appropriate documentation to submit. The following factors should be considered by test takers and the professionals with whom they work to make this determination:

- the test taker's age at the time of first diagnosis and the consistency of the test taker's functional limitations over time;
- the number of previous evaluations that include both cognitive and academic assessment measures;
- the availability of documentation from educational institutions, workplaces or testing agencies confirming the prior use of accommodations;
- the presence of co-occurring or co-morbid disorders that interact or compound the stated learning disability; and
- the clinician's ability to address the above listed essentials of a documentation update effectively, without an additional psycho-educational or performance-based evaluation (i.e., a statement of why a more in-depth evaluation or "testing" would be redundant or otherwise burdensome).

Conclusion

ETS is committed to providing equal access to our assessments for all test takers. If you have been diagnosed with a learning disability and believe you need accommodations for equal access during the standardized testing process, ETS will review the information you provide and will work with you to identify any additional documents that will be helpful to make a timely determination regarding your request for reasonable accommodations. We welcome the opportunity to engage in discussions with test takers who have disabilities to determine reasonable accommodations on a case-by-case basis.



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