1. **The purpose of this document is to clarify for evaluators and families the broad guidelines member schools have endorsed for adjudicating requests for academic accommodations at their respective schools. The document below aims to complement but not supersede the relevant existing policies and practices at member schools.** These guidelines apply to students seeking accommodations for learning, cognitive, and psychiatric disabilities. The guidelines are not intended to apply to students seeking accommodations for sensory disabilities (e.g., blindness) or mobility impairments.

2. General philosophy of accommodations

    a. Accommodations are only one way to support students with varying learning needs; intervention and remediation are more often appropriate, and should generally be attempted before accommodations are considered. If families decide to obtain educational testing for their child, they are encouraged to consult with the relevant Student Support Services Team before choosing an evaluator and/or share this document with the chosen evaluator at the start of the evaluation process.

    b. All member schools are committed to supporting students with disabilities and complying fully with the Americans with Disabilities Act (ADA) and related laws.

    c. Not all students who are struggling are disabled under ADA, and even some students who are disabled do not need accommodations to access tests.

    d. Not all students who would prefer to take tests with accommodations need those accommodations to access the tests. Even benefiting from an accommodation does not always indicate that the accommodation is needed for access.

    e. Some accommodations keep a test from measuring what it is designed to measure, or otherwise compromise an academic program, and such accommodations are not appropriate regardless of a student's needs. Such accommodations would represent "fundamental alterations" that are not reasonable under ADA.

3. General principles for disability documentation

    a. Relevant documentation of disability records the student's deficits in key skills, relative to most students in the general population. All students have a pattern of strengths and weaknesses, relative to their other skills. Having higher skills in some areas than others is not evidence of a disability under ADA.

    b. Relevant documentation lists formal diagnoses, but also goes beyond those diagnoses to describe functional impairments, using credible and objective evidence.

    c. It is often helpful to have scores from formal diagnostic tests, but evidence of a disability must extend beyond performance during the diagnostic evaluation. There should be evidence of significant deficits or other significant problems in real-world settings, typically including school settings. These deficits/problems should be atypical for the student's age and go beyond typical stress and adjustment reactions or everyday difficulties experienced by most students from time to time.

    d. Evaluators should conduct diagnostic evaluations using research-based and evidence-based practice, always following best practices for assessing areas of concern. Evaluators should hold appropriate, current certification or licensure and be qualified to evaluate the condition(s) diagnosed. Member schools will only consider accommodation requests on the basis of completed, signed testing reports on official letterhead.

    e. Disability evidence should be current. Usually this means that it will be recent, since many disabilities change in their functional impact over the course of a child's development. What counts as "recent" depends on the disability condition(s). Learning and attention problems should generally be re-evaluated every 3 years. Documentation of common psychological disorders (e.g., anxiety, depression) should generally be updated (at least with a brief update, such as a progress report from a psychiatrist and/or therapist) less than 6 months before documentation is submitted.

    f. If an evaluator recommends specific accommodations, there should be objective evidence (both from the evaluation and from real-world records) of deficits that are directly relevant to the accommodation, demonstrating clearly that the student is unable to access tests or classes without those accommodations. There should be a clear rationale underlying any accommodation recommendation. Generally such rationales should reference quantitative data that show normative deficits (i.e., below-average range skills) in key areas.

4. Specific suggestions for evaluators: It is most helpful to us when evaluation reports have the following features:

    a. a complete psychological, educational, developmental, and medical history

    b. a discussion of past attempts at remediation, intervention, and any other types of support that the student has received

    c. a list of all tests that were administered, and a separate appendix of all scores (including, at the very least, standard scores and percentiles)

    d. information about the evaluator's credentials: area of specialization, license or certification, etc.

    e. a formal diagnosis with the DSM-5 code or equivalent

    f. differential diagnosis – a reflective exploration of alternative explanations of any poor performance

    g. attention to the way that the disability condition impacts the student's academic achievement

    h. attention to real-world performance, and discussion of any discrepancies between real-world performance and diagnostic test performance

    i. attention to variation in effort, motivation, and related factors that can cause low diagnostic test scores

5. A note on extended time

    Students who require additional time to *access* tests or assignments will typically show a pattern of normative deficits (below-average range skills) on *relevant* diagnostic measures *and* real-world tasks. "Relevant" diagnostic measures include academic fluency tests or other timed achievement tests that involve comparisons to the general population, and real-world tasks include unaccommodated exams in school as well as national norm-based comparisons on admissions tests or other achievement tests. Many other data are simply not indicative of a genuine need for additional time. For instance, low scores on artificial tasks measuring "processing speed" are generally not good evidence. Similarly, showing benefit from extended time on diagnostic tests is not good evidence, since research has shown that nondisabled students often benefit from additional time on timed tests. Finally, noting discrepancies between a student's ability and achievement (or between any other test scores) is not generally sufficient to show a need for additional time.