

Documentation Guidelines for Students

Johns Hopkins University (JHU) is committed to recruiting, supporting and fostering a diverse community of outstanding faculty, staff and students. As such, JHU does not discriminate on the basis of gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristic in any student program or activity administered by the university or with regard to admission or employment.

JHU welcomes students with disabilities and values their diverse experiences and perspectives. The University provides appropriate and reasonable accommodation to qualified students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. JHU also works to ensure that students with disabilities have equal access to university programs, facilities, technology and websites.

Students who wish to request reasonable accommodations must submit documentation that establishes a disability, details the current functional impact of that disability, and confirms the need for each accommodation requested. A diagnostic statement alone is not sufficient to establish eligibility for accommodations. It is not considered appropriate for professionals to evaluate members of their families; documentation from a family member will not be accepted.

In addition to a current assessment, students are encouraged to submit any past documentation or materials that establish a history of receiving appropriate accommodations in a previous academic setting when available. Secondary school accommodation plans such as IEPs or 504 Plans are helpful, but often do not provide sufficient information to establish eligibility for the requested accommodations at the university level when submitted without a corresponding evaluation. It is the student's responsibility to pay for any costs associated with obtaining sufficient current documentation.

Students should submit documentation along with the appropriate intake form to the disability services [coordinator designated for their school](#). It is the student's responsibility to ensure that documentation is submitted to the appropriate coordinator in a timely manner. Requests for certain accommodations, such as note takers, course materials in alternative format or sign language interpreters, may take several weeks to fulfill.

In assessing whether a student's accommodation request is reasonable in the context of a particular class or program, the disability coordinator may need to contact faculty, and/or program or department administrators for input. Students should be aware that certain accommodation requests approved may not be appropriate for every class and or clinical/internship experiences. Students should contact the [appropriate disability coordinator](#) or the [Disability Services Officer](#) in OIE if they have concerns about implementing a

recommended accommodation in a particular class or program.

A copy of the student's documentation is maintained by the appropriate disability coordinator for five years from the time the student graduates or leaves the university. Original copies are not always maintained. Diagnostic information and documentation is not shared with other administrators or faculty members without the student's informed consent, except on a need-to-know basis, or where otherwise required by law.

The following guidelines, organized by disability category, exist to assist students and their evaluators in preparing appropriate documentation to support the student's requests. If the documentation submitted by a student is generally sufficient to establish a disability and the appropriateness of the requested accommodations, but lacks a limited piece of information suggested in these guidelines, the University is still often able to approve a request. In assessing a request, the documentation a student submits will be considered along with other factors such as an interview with the student and his or her past history of using accommodations. The age of the documentation required is generally dependent on the type of disability and whether the impact of the condition on the student is static or changing. Questions regarding these guidelines should be directed to the [Disability Services Officer](#) in the Office of Institutional Equity. Questions regarding the procedures for initiating a request for accommodations should be directed to the appropriate [disability coordinator](#).

Please consult the appropriate guidelines based on your disability:

[Documentation guidelines for Autism Spectrum Disorders](#)

[Documentation guidelines for Attention-Deficit/Hyperactivity Disorders](#)

[Documentation guidelines for Blindness or Visual Impairments](#)

[Documentation guidelines for Deafness or Hearing Impairments](#)

[Documentation guidelines for Traumatic Brain Injuries](#)

[Documentation guidelines for Physical and Chronic Medical Disabilities](#)

[Documentation guidelines for Psychiatric/Psychological Disabilities](#)

Documentation Guidelines for Autism Spectrum Disorders

I. Evaluator's Qualifications

Professionals conducting assessments and rendering a diagnosis of an autism spectrum disorder must be qualified to do so. The following professionals would generally be considered qualified to submit documentation, provided they have comprehensive training in the diagnosis of autism spectrum disorders: developmental pediatricians, neurologists, clinical psychologists, neuropsychologists, psychiatrists or other qualified medical doctors.

Reports from a professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The provision of reasonable accommodations is based upon assessment of the *current* impact of the student's disability on his or her academic performance. Therefore, **documentation should generally not be more than three years old.**

Documentation should be based on a **comprehensive assessment** and should include a detailed description of the following:

A. Specific Diagnosis

The evaluation must include a **specific diagnosis of an autism spectrum disorder (pervasive developmental disorder) based on the current DSM diagnostic criteria.** The evaluator should provide a rationale and comprehensive supportive data to substantiate this diagnosis.

B. Evidence of Current Impairment

The evaluation should assess the impact of the student's symptoms in and out of the classroom setting. **It is important that the evaluation addresses the severity and frequency of the symptoms, and indicates whether the symptoms constitute an impairment of a major life activity.**

C. Alternative Diagnoses

The assessment should examine and discuss the possibility of co-existing and/or alternative diagnoses, including learning and psychological disorders.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are tied to the current functional limitations of the student. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Attention-Deficit/Hyperactivity Disorders

I. Evaluator's Qualifications

Professionals conducting assessments and rendering diagnoses of Attention-Deficit/Hyperactivity Disorders (ADHD) must have training in differential diagnosis and the full range of psychiatric disorders. The following professionals would generally be considered qualified to submit documentation, provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: clinical psychologists, neuropsychologists, psychiatrists, or other qualified medical doctors.

Reports from a professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The provision of reasonable accommodations is based upon assessment of the *current* impact of the student's disability on his or her academic performance. Therefore, **documentation should not be more than three years old.**

Documentation must be based on a **comprehensive psychoeducational assessment and/or clinical evaluation** and should include a detailed description of the following:

A. Specific Diagnosis

The evaluation must include a **specific diagnosis of ADHD (including the subtype) based on the current DSM diagnostic criteria.** The evaluator should provide a rationale and comprehensive supportive data to substantiate this diagnosis.

B. Evidence of Early Impairment

Because ADHD is, by definition, first exhibited in childhood and manifests itself in more than one setting, a developmental and academic history must be provided.

For students making requests who do not have a history of using accommodations in previous academic environments, and/or a history of an official diagnosis in childhood, an explanation of factors that delayed the diagnosis and/or the request for accommodations is essential.

C. Evidence of Current Impairment

Diagnostic assessment should consist of more than a self-report; a history of symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired

functioning over time, should be discussed. The assessment should include information about the impact of the symptoms on the student's functioning in and out of the classroom setting. **It is important that the evaluation addresses the severity and frequency of the symptoms, and indicates whether the symptoms constitute an impairment of a major life activity.**

Evaluations that only report difficulty with test-taking as evidence of current impairment usually do not meet the diagnostic criteria for ADHD.

D. Alternative Diagnoses

The assessment should examine the possibility of co-existing and/or alternative diagnoses, including medical and psychiatric disorders, as well as educational and cultural factors, which may impact the individual and could result in behaviors mimicking ADHD.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are tied to the current functional limitations of the student. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Blindness or Visual Impairments

I. Evaluator's Qualifications:

The medical professional providing the documentation should have comprehensive training and expertise in treating vision loss, and appropriate licensure/certification. Such professionals include ophthalmologists and optometrists.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The age of acceptable documentation is dependent upon the disabling condition, whether or not the condition is permanent or will change over time, and the student's request for accommodations. The documentation should address the student's **current level of functioning**. If the disability is a permanent, lifelong impairment (e.g., blindness), documentation may not need to be as recent, but specific recommendations for the current academic setting should still be provided by a qualified professional.

Documentation should include a detailed description of the following:

- A. A diagnosis of a visual impairment (or medical condition currently causing visual limitation).
- B. Information on the student's present symptoms and limitations, and how those symptoms impact the student inside and outside of the classroom setting.
- C. A discussion of the status (static or changing) of the student's condition.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are **tied to the current functional limitations** of the student. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Deafness and Hearing Impairments

I. Evaluator's Qualifications:

The medical professional providing the documentation should have comprehensive training and expertise in treating hearing loss, and appropriate licensure/certification. Such professionals may include audiologists, otolaryngologists, and other speech and hearing specialists.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The age of acceptable documentation is dependent upon the disabling condition, whether or not the condition is permanent or will change over time, and the student's request for accommodations. The documentation should address the student's **current level of functioning**. If the disability is a permanent, lifelong impairment (e.g., deafness), documentation may not need to be as recent, but specific recommendations for the current academic setting should still be provided by a qualified professional.

Documentation should include a detailed description of the following:

- A. A diagnosis of deafness or hearing loss.
- B. Information on the student's present symptoms and limitations, and how those symptoms impact the student inside and outside of the classroom setting.
- C. A discussion of the status (static or changing) of the student's condition.
- D. If pertinent, a copy of the most recent audiogram or audiometric report.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that **are tied to the current functional limitations of the student**. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Traumatic Brain Injury

I. Evaluator's Qualifications:

The following professionals are generally considered qualified to submit documentation, provided they have training in the diagnosis and treatment of TBI: neurologists, clinical psychologists, rehabilitation psychologists, neuropsychologists, psychiatrists, and other qualified medical doctors.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

Students should submit an evaluation that was performed at least six months after the acute injury phase, but not more than four years prior to the date of requesting accommodations. If the student has sustained a head injury in the past six months, recovery may still be taking place and documentation may need to be updated more frequently.

Documentation should be based on a **neuropsychological assessment** and should include the following:

A. Specific diagnosis

The documentation should include a specific diagnosis of traumatic brain injury. The evaluator should provide a rationale and comprehensive supportive data to substantiate this diagnosis.

B. Evidence of Current Impairment

The evaluation should include information about the impact of the symptoms on the student's functioning in and out of the classroom setting. **It is important that the evaluation addresses the severity and frequency of the symptoms, and indicates whether the symptoms constitute an impairment of a major life activity.**

C. Alternative Diagnoses

The assessment should examine and discuss the possibility of co-existing and/or alternative diagnoses, including learning and psychological disorders.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are tied to the current functional limitations of the student. Each accommodation recommended by the evaluator **must**

include a rationale. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Learning Disabilities

I. Evaluator's Qualifications

The following professionals are generally considered qualified to submit documentation, provided they have comprehensive training and relevant experience in assessing learning disabilities in adolescents and adults: clinical psychologists, educational psychologists, school psychologists, and neuropsychologists.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The provision of reasonable accommodations is based upon assessment of the *current* impact of the student's disability on his or her academic performance. Therefore, **documentation should generally not be more than four years old.** Evaluations must include age-appropriate instruments and norms.

Documentation must be based on a **comprehensive psychoeducational assessment.** Students who submit documentation that includes a relatively recent comprehensive evaluation but is more than four years old may be able to supplement the report with a letter detailing the student's current limitations in the academic setting, rather than obtaining a new full battery of testing. This determination will be made on a case-by-case basis.

Documentation should include a detailed description of the following:

A. Specific Diagnosis.

The report must include a **specific diagnosis based on the current DSM diagnostic criteria.** Individual "learning styles," "learning differences," and "test difficulty or anxiety" generally do not constitute a learning disability. Evaluators are encouraged to use direct language and to avoid indirect expressions such as "suggests," "is indicative of," or "is consistent with."

B. Diagnostic Interview

The report should provide a summary of the diagnostic interview that includes: a description of the presenting problems(s); developmental history; academic history, including results of prior standardized testing; reports of classroom performance; relevant family history; relevant psychosocial history; and a discussion of any pre-existing or co-existing diagnoses.

C. Assessment

Objective evidence of a substantial limitation to learning must be provided. The domains to be addressed must include the following:

1. **Aptitude/Cognitive Ability**
A complete intellectual assessment with all subtests and standard scores reported is essential.
2. **Academic Achievement**
A comprehensive academic achievement battery is essential, with all subtests and standard scores reported for those subtests administered. The battery must include current levels of functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
3. **Cognitive and Information Processing**
Specific areas of information processing (e.g., short and long memory; sequential memory; auditory and visual perception/processing; processing speed; executive functioning; motor ability) should be addressed.

The particular profile of the student's strengths and weaknesses should reflect the functional limitations that necessitate the recommended accommodations.

Other assessment measures, such as classroom tests and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the above instruments to help differentiate the LD from coexisting neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). In addition to standardized tests, it is also useful to include informal observations of the student during test administration.

D. Clinical Summary

The report should include an interpretive summary that indicates:

- That the evaluator ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, problems with attention, and cultural/language differences.
- How patterns in the student's cognitive ability, achievement, and information processing reflect the presence of a learning disability.
- The substantial limitation to learning or other major life activity presented by the learning disability and degree to which it impacts the individual in the learning context for which accommodations are being requested.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are **tied to the current functional limitations of the student**. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Physical and Chronic Medical Disabilities

I. Evaluator's Qualifications:

The medical professional providing the documentation should have comprehensive training and expertise in the relevant specialty.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The age of acceptable documentation is dependent upon the disabling condition, whether or not the condition is permanent or will change over time, and the student's request for accommodations. The documentation should generally not be more than a year old and should address the student's **current level of functioning**. If the disability is a permanent, lifelong impairment (e.g., cerebral palsy, diabetes), documentation may not need to be as recent, but specific recommendations for the current academic setting should still be provided by a qualified professional.

Documentation should include the following:

- A. A medical diagnosis.
- B. An assessment of the severity and frequency of the student's symptoms, including how those symptoms impact the student inside and outside the classroom setting, and whether the symptoms constitute an impairment of a major life activity.
- C. A discussion of the status (static or changing) of the student's condition.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are **tied to the current functional limitations of the student**. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).

Documentation Guidelines for Psychiatric / Psychological Disabilities

I. Evaluator's Qualifications:

The following professionals would generally be considered qualified to submit documentation, provided they have comprehensive training in the relevant specialty: psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors.

Reports from the professional should be submitted on letterhead and include the following:

- Name, title, and professional credentials of the evaluator
- Information about license or certification as well as the area of specialization
- Number of years employed in current field
- State/province in which the individual practices

II. Documentation: Age and Contents

The provision of reasonable accommodations is based upon assessment of the *current* impact of the student's disability on his or her academic performance. The documentation should generally not be more than a year old and should address the student's **current level of functioning**. Due to the changing nature of the impact of some psychiatric/psychological disabilities, students may need to update their documentation on a case-by-case basis.

Documentation should include the following:

- A. A diagnosis based on the current DSM diagnostic criteria.
- B. An assessment of the severity and frequency of the student's symptoms, including how those symptoms impact the student inside and outside the classroom setting, and whether the symptoms constitute an impairment of a major life activity.
- C. A discussion of the status (static or changing) of the student's condition.

III. Specific Accommodation Recommendations

The documentation must contain **specific recommendations** for accommodations that are tied to the current functional limitations of the student. Each accommodation recommended by the evaluator **must include a rationale**. Recommended accommodations should be pertinent to the anticipated academic environment (i.e. the particular undergraduate, graduate or doctoral program the student is enrolled in).