



Office of Accessibility
and Disability Services
P.O. Box 2000
Hanceville, AL 35077
256-352-8052
adaoffice@wallacestate.edu

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DISABILITY DOCUMENTATION GUIDELINES

The Rehabilitation Act of 1973 (section 504) and the Americans with Disabilities Act of 1990 (ADA) state that qualified students with disabilities who meet the technical and academic standards at Alabama College System institutions are entitled to reasonable accommodations. Under these laws a disability is defined as any physical or mental impairment which substantially limits a major life activity, a history of such an impairment, or the perception of such an impairment. Alabama Community College System institutions do NOT provide disability documentation for students. It is the student's responsibility to provide appropriate documentation to the college office responsible for handling the request and to request accommodations.

Appropriate documentation is defined as that which meets the following criteria, including recommendations for limitations:

Health Condition, Mobility, Hearing, Speech, or Visual Impairment

A letter or report from treating physician, orthopedic specialist, audiologist, speech pathologist, or ophthalmologist (as appropriate), including:

1. Clearly stated diagnosis including DSM-5 or ICD-9 diagnostic code
2. Defined levels of functioning and any limitations
 - This should include a description of how the disability currently impacts the student in social, academic, or occupational settings and a description of how the disability will limit the student in the classroom.
3. Current treatment and medication
 - This may include how the medication impacts the student's ability to perform in an academic environment.
4. Current letter/report (within 1 year) dated and signed
5. Suggest accommodations and the rationale to equalize this student's educational opportunities at the post-secondary level

Psychological Disorder

A letter or report from a mental health professional (psychologist, neuropsychologist, licensed professional counselor) including:

1. Clearly stated diagnosis including DSM-5 diagnosis
 - Medication cannot be used to imply a diagnosis.
2. Defined levels of functioning and any limitations
 - This should include a description of how the disability currently impacts the student in social, academic, or occupational settings and a description of how the disability will limit the student in the classroom.
3. Supporting documentation (test data, history, observations, etc.)
 - This must include how the health professional arrived at the student's diagnosis.
4. Current treatment and medication
 - This may include how the medication impacts the student's ability to perform in an academic environment.
5. Current letter/report (within 1 year), dated and signed
6. Suggest recommendations for academic accommodations and the rationale for such accommodations

Traumatic Brain Injury (TBI)

A comprehensive evaluation report by a rehabilitation counselor, speech-language pathologist, orthopedic specialist, and/or neuropsychologist (or other specialist as appropriate), including:

1. Assessment of cognitive abilities, including processing speed and memory
2. Analysis of educational achievement skills and limitations (reading comprehension, written language, spelling, and mathematical abilities)
3. Defined levels of functioning and limitations in all affected areas
 - This should include a description of how the disability currently impacts the student in social, academic, or occupational settings and a description of how the disability will limit the student in the classroom.
4. Current treatment and medication
5. Current letter/report (post-rehabilitation and within 1 year), dated and signed
6. Suggest recommendations for academic accommodations and the rationale for such accommodations.

Learning Disabilities

A comprehensive evaluation report from a clinical psychologist, psychiatrist, neuropsychologist, school psychologist, learning disability specialist, or diagnostician, including:

1. Clearly stated diagnosis of a learning disability based upon DSM-5 criteria
 - High School IEP, 504 Plan, and/or letter from physician or other professional **will not be sufficient to document a learning disability.**
2. Clear statement of presenting problem; diagnostic interview
3. Educational history documenting the impact of the learning disability
4. Alternative explanations and diagnoses are ruled out
4. Relevant test data with standard scores and interpretations are provided to support conclusion, including at least:
 - a. WAIS-IV(b), WIAT-III
 - b. Woodcock-Johnson Psychoeducational Battery-III including Written Language
 - c. Woodcock-Johnson Cognitive Processing Battery to substantiate any processing problems
5. Defined levels of functioning and any limitations, supported by evaluation data
6. Current report (**within 3 years of enrollment date**), dated and signed
7. The report must include specific recommendations for academic accommodations and the rationale for those recommendations.

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)

A comprehensive evaluation report from a physician, psychiatrist, clinical psychologist, neurologist, or neuropsychologist, including:

1. Clearly stated diagnosis of ADD or ADHD based upon DSM-5 criteria
 - High School IEP, 504 Plan, and/or letter from physician or other professional **will not be sufficient to document ADD or ADHD.**
 - Medication cannot be used to imply a diagnosis.
2. Clear statement of presenting problem, diagnostic interview
3. Evidence of early and current impairment in at least two different environments (comprehensive history)
4. Alternative explanations and diagnoses are ruled out
5. Relevant test data with standard scores are provided to support conclusions, including at least:
 - a. WAIS-IV (b), WIAT-III
 - b. Woodcock-Johnson Psychoeducational battery- III, including Written Language
 - c. Behavioral Assessment Instruments for ADD/ADHD normed on adults
6. Defined levels of functioning and any limitations, supported by evaluation data
7. Current report (**within 3 years of enrollment date**), dated and signed
8. The report must include specific recommendations for academic accommodations and the rationale for those recommendations.