EMBRY-RIDDLE
Aeronautical University

Disability Support Services
Building 500

Guidelines for Documentation of Communication Disorders

Students who are seeking support services or accommodations at Embry-Riddle Aeronautical University on the basis of a diagnosed communication disorder are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA). Examples of communication disorders include language disorder, speech-sound disorder, social (pragmatic) communication disorder, and childhood-onset fluency (stuttering) disorder.

The following guidelines are provided in the interest of ensuring that evaluation reports are appropriate and sufficient to document disability. The Disability Support Services director is available to consult with clinicians concerning any of these guidelines.

1. A qualified professional must conduct the evaluation.

Clinicians conducting assessments and rendering a diagnosis of a **Communication Disorder** must have training in differential diagnosis and the full range of neurodevelopmental disorders. The name, title, professional credentials, as well as licensing and certification information should be clearly stated in the evaluation. The following professionals are generally considered to be qualified to evaluate and diagnose a communication disorder: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. Use of diagnostic terminology by someone whose training and experience are not in these fields is not acceptable. Any hand-written notes or documents that do not include the clinician's signature and professional letterhead will not be accepted.

2. Documentation should be current.

The provision of services and accommodations is based on the current impact of the disability on academic performance. In most cases, documentation should be completed within the past three years. If documentation is inadequate in scope or content, or does not address an individual's current level of functioning and need for accommodation, reevaluation may be warranted. In cases where a new medication has been prescribed or medication previously taken has been discontinued subsequent to the evaluation, it may be necessary to update the evaluation report.

3. Documentation should be comprehensive.

Because communication disorders are, according to the DSM-5, "characterized by deficits in the development and use of language, speech, and social communication"… and/or "disturbances of the normal fluency and motor production of speech," multiple domains should be evaluated. Academic skills include vocabulary usage, sentence formation, and discourse appropriate to the college level. Therefore, the following diagnostic features should be investigated:

a.) Language Disorder: a "synthesis of the individual's history, direct clinical observation in different contexts, (i.e., home, school, or work), and scores from standardized tests of language ability that can be used to guide estimates of severity."

b.) Speech-Sound Disorder: "speech-sound production is not what would be expected based on the [individual's] age and developmental stage and when the deficits are not the result of a physical, structural, neurological, or hearing impairment."

c.) Social (Pragmatic) Communication Disorder: "The deficits in social communication result in functional limitations in effective communication, social participation, development of social relationships, academic achievement, or occupational performance. The deficits are not better explained by low abilities in the domains of structural language or cognitive ability."

4. Alternative diagnoses or explanations should be ruled out.

The clinician must investigate and determine that the communication disorder is not attributable to other causes, such as hearing disorders or deficits in structural language or cognitive ability.

5. Testing should be relevant.

Neurodevelopmental assessment is important in determining the current impact of the disorder in the academic setting. The clinician should objectively review relevant testing to support the diagnosis. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or subtest scales should not be used as the sole measure for diagnostic profile. Checklists and/or surveys can serve to supplement the diagnostic profile but are not adequate in and of themselves for the diagnosis of a communication disorder and do not substitute for clinical observations and sound diagnostic judgment. Data must logically reflect a substantial limitation for learning for which the individual is requesting accommodations. If testing is repeated by a learning/education specialist after the original evaluation to determine current level of functioning, a confirmation from a licensed clinician that the original diagnosis is still relevant may be requested as well.

6. A complete diagnostic report should be provided.

According to the DSM-5, "disorders of communication include deficits in language, speech, and communication…. Assessments of speech, language, and communication abilities must take into account the individual's cultural and language context, particularly for individuals growing up in bilingual environments." A diagnostic report should include a review and discussion of the DSM-5 criteria for the communication disorder both currently and retrospectively and specify which deficits are present.

7. Documentation must include a specific diagnosis.

The report must include a clear diagnosis of the communication disorder based on the DSM-5 diagnostic criteria. Use of terms such as "suggests," "is indicative of," and/or "unique learning style" are not acceptable. Individuals who report only problems with word pronunciation or who lack a broad vocabulary may not fit the prescribed diagnostic criteria for a communication disorder. A positive response to medication or the use of medication does not in and of itself support or negate the need for accommodations.

8. An interpretive summary should be provided.

An interpretive summary based on a comprehensive evaluative process is a necessary component of the documentation. This summary should include indication and discussion of the substantial limitation to learning presented by the communication disorder and the degree to which this affects the individual in a learning environment.

9. Each recommended accommodation should include a rationale.

The diagnostic report should include specific recommendations for accommodations that are realistic and that the university can reasonably provide. A detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation and/or testing. A school plan such as an IEP is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. A prior history of accommodations without clear demonstration of current needs does not warrant the provision of like accommodations. The determination of reasonable accommodations for a disabled student at Embry-Riddle rests with the Disability Support Services director working in collaboration with the individual with the disability.

Documentation should be sent to: Embry-Riddle Aeronautical University
Disability Support Services – Daytona Beach Campus
Email: DBDSS@erau.edu
Fax: 386-226-6071

Cr. 10/7/2020/jle Rev. 6/30/2021/bas