

Duke University Student Disability Access Office (SDAO)

Documentation Guidelines for Acquired Traumatic Brain Injury

Duke University is committed to providing educational opportunities to qualified students with disabilities for purposes of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. In order to establish that an individual is covered under these laws, students must submit current documentation (i.e., psychological/diagnostic reports, records and information) confirming that a disability substantially limits one or more major life activities as compared to the average person in the general population. Accommodations are not granted on the basis of a diagnosis; they must be tied to current functional impairment(s). **The diagnosis of a disorder/impairment alone does not automatically qualify an individual for accommodations under the federal laws.**

The following guidelines are designed to provide students and professional diagnosticians with a common understanding and knowledge base of the components of documentation which are necessary to validate the existence of an Acquired Traumatic Brain Injury, its impact on the individual's educational performance, and accommodation(s) that are necessary in the post-secondary setting.

These guidelines contain information regarding:

- I. Qualifications of the Medical Provider
- II. Currency of the Medical Report
- III. Necessary Components of the Medical Report
- IV. Assessment
- V. Rationale and Justification for each Requested Accommodation
- VI. Confidentiality

I. Qualifications of the Medical Provider

The professional conducting the evaluation must be qualified to make the diagnosis and make recommendations as to necessary accommodations. The documentation must include the name, title, and professional credentials of the evaluator, including information about licensure and/or specialization.

Diagnoses documented by family members will not be accepted even when the family members are otherwise qualified by virtue of training and licensure/certification. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

II. Currency of the Medical Report

The initial screening exam, completed as soon as possible after the brain injury occurred, should be submitted along with a comprehensive neuropsychological evaluation completed approximately six to eight months after the acute injury phase. Depending on each student's functional status (fluctuating or stable) it may be necessary to request updates every six months for the first two years, and as needed thereafter.

III. Necessary Components of the Medical Report

Medical reports should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document and include the following:

A clear statement of the medical diagnosis from a qualified medical provider.

- An assessment of the functionally limiting manifestations of the condition (s) for which accommodations are needed.
- A description of present symptoms, which meet the criteria for diagnosis and the impact they have on the substantial limitations to this student's major life activities.
- A list of any medications currently being used.
- Medical information relating to the student's needs, including the impact of any medication on the student's ability to meet the demands of a university academic program and when applicable, clinical requirements.
- A list of any adaptive equipment currently being used.
- If special disability related transportation/parking is requested, medical providers must provide the following:
 - 1) Maximum walking distance (in feet)
 - 2) Does the student have difficulty negotiating stairs?
 - 3) Can the student ride the campus buses?
 - 4) Does the student have a valid, state issued handicapped parking placard or plate?

IV. An Assessment: Neuropsychological or a psycho-educational evaluation is required **if symptoms persist longer than twelve months**. The assessment must include an evaluation of the areas of attention, visual reasoning, language, academic skills, memory/learning, executive function, sensory, motor, and emotional status. Evidence of a substantial limitation to learning or other major life activity must be provided. Both aptitude and academic achievement must be evaluated and included in the report. The following tests are considered acceptable:

- **Aptitude:** Wechsler Adult Intelligence Scale, Stanford-Binet IV; Woodcock Johnson Psycho-educational Battery Revised: Test of Cognitive Ability
- **Academic Achievement:** Woodcock-Johnson Psycho-educational Battery Revised: Test for Achievement; Wechsler Individual Achievement Test; Stanford Test of Academic Skills; Scholastic Abilities Test for Adults
- **Evidence of current impairment.** A history of the presenting symptoms and evidence of behaviors that significantly impair functioning.
- **A diagnostic interview:** The interview must contain a self-report and third-party information pertaining to developmental history, family history, learning or psychological difficulties, relevant medical history, and a thorough academic history.
- **Evidence of alternative diagnoses or explanations ruled out:** The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, learning, behavioral, and/or personality disorders that may confound the diagnosis.
- **A Clinical Summary:** The clinical summary is to include the substantial limitations to major life activities posed by the disability, describe the extent to which these limitations would impact the academic context for which accommodations are being requested, suggest how the specific effects of the disability may be accommodated, and state how the effects of the disability are mediated by the recommended accommodations. If applicable, include the specific psychological diagnosis as per the Diagnostic and Statistical Manual - IV (DSM-IV).

V. Rationale and Justification for Each Requested Accommodation

Accommodation requests are not granted on the basis of a diagnostic label: they must be tied to current functional impairment(s). A link must be established between the requested accommodations and the current functional limitations of the individual that are pertinent to the anticipated academic environment.

It is also important to include information regarding any prior accommodations or auxiliary aids; including the specific criteria used to grant prior accommodations/ auxiliary aids, the conditions under which the accommodations/auxiliary aids were used and whether or not they were effective.

VI. Confidentiality

All information obtained in diagnostic and medical records will be maintained and used in accordance with applicable confidentiality requirements.

Submitting Documentation and Questions

Documentation should be mailed to the attention of the Student Disability Access Office, Box 90142, Duke University, Durham, NC 27708 or faxed to (919) 668-3977. Questions should be directed to (919) 668-1267.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.