Documentation Guidelines for 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 general, 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 condition substantially limits one or more major life activities. However, if a student has been diagnosed with traumatic brain injury (TBI), the documentation merely needs to establish the basis for the diagnosis. However, the report should focus on the necessity of particular accommodations that may be warranted in a postsecondary setting.

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 a Traumatic Brain Injury, its impact on the student's educational performance in a manner that is tied to a recommended accommodation(s) deemed necessary in a postsecondary setting.

Documentation should include:

I. Qualifications of the Medical Provider

II. Currency and Necessary Components of the Medical Report

III. Current Evaluation Data & Comprehensive and Diagnostic Evaluation

IV. Rationale & Justification for each Requested Accommodation

V. Confidentiality

I. Qualifications of the Medical Provider

The professional conducting the evaluation and making the diagnosis must be qualified to make the diagnosis and recommend appropriate accommodations for adult students. A clinical team approach to diagnosis may also be appropriate. The documentation must include the name, title, and professional credentials of the evaluator, including information about licensure and/or specialization.

Diagnoses of Traumatic Brain Injury 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 in English, typed or printed on professional letterhead, dated, signed, and otherwise legible. SDAO reserves the right to receive the documentation directly from the evaluator.

II. Currency and Necessary Components of the Medical Report

Since reasonable accommodations are based upon the assessment of the current impact of the disorder on academic functioning; medical reports must address the student's current level of functioning and the need for accommodations.

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 for the purpose of tailoring accommodation requests in light of changes in functional limitations.

If the documentation is inadequate in scope or content or fails to sufficiently address the student's current functional limitations and need for accommodations, SDAO may require the submission of additional information. School plans such as Individual Educational Plans (IEP) or 504 Accommodation Plans are helpful in providing historical data, but may not be substituted in lieu of the above requested documentation.

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 functional limitations, how the condition manifests, the accommodations that are deemed necessary, reasonable, and appropriate. (i.e. evidence of the link between the functional limitation and the accommodation requested)
- A list of any medications currently being used and their effectiveness in managing symptoms, as well as any potential negative side effects with such usage to the extent germane to requested accommodations.
- 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 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 accessible parking placard or plate?
- If housing or other accommodations may be necessary, describe the accommodation requested with justification and rationale.

III. Current Evaluation Data & Comprehensive and Diagnostic Evaluation
A neuropsychological or a psycho-educational evaluation is typically required for a diagnosis of Traumatic Brain Injury; not to be confused with Concussive Syndrome, which is considered to be a Temporary Medical Condition. The assessment should include an evaluation of the areas of attention, visual reasoning, language, academic skills, memory/learning, executive function, sensory, motor, and emotional status but only to the extent necessary to determine appropriate, reasonable and necessary accommodations. Both aptitude and academic achievement should be evaluated and included in the report; again, if relevant to a specific accommodation recommendation. 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) or DSM-V.
IV. Rationale & Justification for Each Requested Accommodation
A diagnosis alone will not necessarily establish disability status or warrant accommodations under the ADA. To be considered, accommodations must be necessary, reasonable and appropriate. When recommending accommodations, the evaluator should establish a clear link between the request and the student’s functional limitations that are pertinent to the anticipated academic environment. Please note that the provision of a past accommodation in another setting does not necessarily guarantee or assure the requested accommodation will be implemented at Duke University; however, having that information is helpful to SDAO and will be considered in making current decisions about necessary, reasonable, and appropriate accommodations and services. If a requested accommodation is not clearly stated and supported in the diagnostic report, SDAO reserves the right to seek additional clinical information pertaining to the determination of eligibility. It is the student’s responsibility to obtain the requested additional information when the request is made.

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.

V. 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 or sdao@duke.edu.