

1. **Documentation must be completed by a qualified practitioner:** Practitioners must have experience and expertise in the diagnosis of learning disabilities in young adults. In the province of Ontario, registered psychologists, psychological associates or members of the College of Physicians and Surgeons are permitted to communicate a diagnosis. The name, title, area of specialization, and professional credentials of the evaluator must be clearly stated in the report. All reports should be complete, on letterhead, typed, dated, and signed.
2. **The assessment report should be current:** Documentation should have been completed within the last 3 years. Exceptions may be made for comprehensive LD assessments that were completed after the age of 18 years. The provision of reasonable accommodations and services is based upon clear evidence of the current impact of the disability on the student's academic performance. At the post-secondary level, academic accommodation must be tied to documented disability related needs.
3. **The assessment report must be comprehensive:** A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, an assessment of aptitude, academic achievement, information processing, and a differential diagnosis. Objective evidence of a *substantial limitation to learning* must be provided in the assessment report. Minimally, the domains to be addressed must include the following:
 - a) ***Aptitude/ Cognitive Ability***
A complete intellectual assessment with all subtests and standard scores reported is essential. Age-appropriate measures must be employed.
 - b) ***Academic Achievement***
A comprehensive academic achievement battery is essential and all subtests and standard scores must be reported for those subtests administered. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
 - c) ***Information Processing***
Specific areas of information processing (e.g., short and long-term memory; sequential memory; auditory and visual perception/ processing; processing speed; phonological processing; executive functioning; motor ability) should be assessed. There should be a logical relationship between the identified areas of academic impairment and the information processing skills that are found to be deficient.
 - d) ***Other Assessment Measures***
Other formal assessment measures may be integrated with the above instruments to help rule in or rule out the learning disability, or to differentiate it from co-existing neurological and/or psychiatric disorders, i.e., to establish a differential diagnosis. In addition to standardized tests, it may also be very useful to include informal observations of the student during the test administration.

- 4. Documentation MUST include a Diagnostic Statement:** A report must contain a clear diagnostic statement confirming the presence of a learning disability. Statements such as “suggest the presence of,” “may indicate,” “learning difference,” “weakness,” or “academic problems” are not acceptable diagnostic statements. Also, the report should make every effort to identify the underlying psychological processing deficit affecting the student’s learning.

It is important to rule out alternative explanations for the student’s problems with learning. This may include emotional, mood, attentional, and/or motivational difficulties that may interfere with a student’s learning but do not in and of themselves constitute the diagnosis of a LD.

If an assessment is completed and the results do not confirm the presence of a LD, the evaluator should clearly state this in the conclusion or summary section of the report.

- 5. Provision of Actual Test Scores:** Percentile rankings or standard scores must be provided for all normed measures. All tests used should be standardized for use with the adolescent/adult population. Test findings must document both the nature and severity of the learning disability.
- 6. Recommended Accommodations must be justified:** Any recommended accommodations provided by the evaluator must include a rationale that is based on documented disability related need. A prior history of accommodation, without documentation of a current disability related need, does not in and of itself warrant the provision of a like accommodation. The evaluator should support each recommendation with specific test results or clinical observation.

If a requested accommodation is not clearly supported or justified by the diagnostic report, Brock University may request clarification and/or additional supporting documentation to make a determination about the appropriateness of the requested accommodation.

- 7. IEP and IPRC information is NOT sufficient documentation of an LD:** IEP and/or IPRC documents alone are not sufficient documentation to confirm the presence of a learning disability. IEP’s can be put in place for students without them having participated in a comprehensive diagnostic assessment in the Elementary and Secondary school environments.

(Please refer to Appendix A for further information on the differences between documentation requirements for the Ministry of Education system and the Ministry of Training, Colleges and Universities)

Appendix A – Identification versus Diagnosis

Please note that previous identification as a student with a learning disability is not, by itself, sufficient to substantiate the diagnosis of a learning disability or that a student qualifies for accommodations at the post-secondary level.

In Ontario, a child may be identified through the Individual Placement and Review Committee (IPRC) process, which is governed by a regulation under the Education Act. This act allows for professionals in the school system to identify an individual as being an "exceptional learner." In this context, *identification* focuses on an educational need, as opposed to a *diagnosis*, which centers on a cause for the noted difficulties. This differentiation is based on the definition of an exceptional pupil in Ontario as:

"A pupil whose behavioral, communicational, intellectual, physical or multiple exceptionalities are such that he is considered to need placement in a special education program." (Ministry of Education, 1990)

Identification as set out in Regulation 181/98 under the Education Act (Ministry of Education, 1990) involves consideration of multiple sources of information in order to determine whether a pupil meets the Ministry of Education's definition of an exceptional student. For instance, identification may involve reviewing reports from parents and teachers, and in some cases from psychologists and other regulated health professionals. Unlike diagnosis, which involves a professional's formal opinion concerning the cause of an individual's symptoms, identification is accomplished through a school board committee and is carried out solely for the purpose of planning how best to meet a pupil's needs in the educational environment. There is no obligation to determine the actual cause of academic or other problems in the identification process.

In contrast, communicating a *diagnosis* is listed as one of the Controlled Acts under the Regulated Health Professions Act (1991), which legally restricts its performance to members of certain professional colleges, including the College of Physicians and Surgeons of Ontario and the College of Psychologists in Ontario. Since the Controlled Act is only performed when information is communicated to a client or his/her personal representative, communicating such information to other individuals in multi-disciplinary teams, or at IPRC meetings where the client or his/her representative is not present, does not constitute performance of the Controlled Act. However, the policy of the College of Psychologists (1997) also stipulates that diagnoses should normally be communicated to the pupil and his or her parents or personal representative prior to the IPRC meeting. As well, the diagnosis should be conveyed by a professional authorized to perform a controlled act because of the implication for harm involved.

As well, diagnosis involves the formulation of a psychological interpretation that is "consistent with an accepted nomenclature and associated body of knowledge and research" (Ontario College of Psychologists, 1997). Unfortunately, it is the case that a sizeable number of children who are identified through the IPRC process do not actually meet the diagnostic criteria for a specific learning disability (Learning Opportunities Task Force (LOTF; 2002). Most of these children and their parents are unaware

of the distinction between identification and diagnosis. Later, upon application to college or university, many of these students are justifiably upset to discover that the documentation they provide of their disability is not sufficient to obtain accommodations at the postsecondary level (LOTF, 2002). Indeed, outside of the Ontario public school system, accommodation of a disabling condition almost always requires that the disorder be formally diagnosed, rather than simply identified.

Thanks to Queen's University for permission to adapt and use information from their "LD Documentation Requirements."
<http://www.queensu.ca/hcads/ds/students/LDdocumentation.pdf>