

Boston University

Office of the Dean of Students

Office of Disability Services
19 Deerfield Street
Boston, Massachusetts 02215



617-353-3658 (V/TTY)
617-353-9646 (fax)
access@bu.edu (e-mail)

Boston University
Office of Disability Services

INFORMATION FOR EVALUATORS OF STUDENTS WITH LEARNING AND ATTENTIONAL DISABILITIES

The Office of Disability Services ("Disability Services") provides academic accommodations and services to students with learning and attentional disabilities. Students seeking accommodations must provide appropriate medical documentation of their disability so that Disability Services can: 1) determine the student's eligibility for accommodations; and 2) if the student is eligible, determine appropriate academic accommodations.

To verify the disability and its severity, Disability Services requires an evaluation of the student as well as a completed and signed copy of the attached form. The evaluation must have been conducted or formally supervised and cosigned by a physician, licensed clinical psychologist, or one who holds a doctorate in neuropsychology, clinical psychology, educational psychology, or other appropriate specialty. Such evaluators are required to have been 1) trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment; and 2) have at least three years' experience in the evaluation of students with learning disabilities, ADHD/ADD, or psychiatric disabilities. The date of the evaluation must be indicated in the report. The evaluation must have used widely recognized tests that have been standardized for the age of the student at the time of testing. In addition to a widely recognized IQ test such as the WAIS, your evaluation should include psychoeducational testing (e.g., Woodcock Johnson Psychoeducational Battery, Scholastic Abilities Test for Adults, etc.). Please include all relevant test scores, including raw scores and standard scores, either in the text of your report or in an accompanying summary of test scores. The evaluation must include DSM or ICD diagnosis, as well as specific recommendations for academic and/or other accommodations. This material will be kept confidential and will be utilized only to determine the student's eligibility for accommodation or services, and the type of accommodations or level of service required.

We have established these requirements because non-standardized tests and incomplete or outdated assessment reports do not enable our staff to accurately assess the student's accommodation needs. Our goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his or her particular academic program. Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, in light of our considerable experience in providing accommodations, Disability Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

For additional information regarding specific procedures for students seeking academic accommodations, please refer to the accompanying document entitled *Procedure for Requesting Academic Accommodations on the Basis of Disability*.

DISABILITY VERIFICATION FOR STUDENTS WITH LEARNING AND ATTENTIONAL DISABILITIES

TO BE COMPLETED BY THE STUDENT'S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Learning and/or Attention Disabilities:

1. Current verification of diagnosis and level of severity; and
2. Evidence of functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with learning and/or attentional disabilities, Disability Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous testing and accommodations granted, results of medical workups (where appropriate), results of your evaluation, including tests scores, specific DSM or ICD diagnosis, and a statement regarding the severity and longevity of the disability, and your recommendations for treatment, follow-up, and accommodations for the student while enrolled at Boston University. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation. All material will be kept confidential.

Thank you for your cooperation.

Student name: _____

Student I.D. or Social Security number: _____ - _____ - _____

1. DSM or ICD diagnosis (text and code):

2. Date of diagnosis: _____ / _____ / _____

3. Date of last clinical contact with student: _____ / _____ / _____

4. Approximate duration of disorder:

5. Severity of disorder (GAF score):

6. Describe procedures used to establish diagnosis:

7. Describe symptoms or test findings which support the diagnosis:

8. If this student has previously been identified as disabled, describe services provided:

9. Describe the students functional limitations in an educational setting:

10. Describe procedures you used to assess these limitations:

11. Describe any discrepancies between aptitude and achievement:

12. Describe procedures used to assess current level of aptitude and academic achievement:

13. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Boston University's educational program.

14. Is this student currently on medications? If so, provide medication history:

15. Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist Disability Services in determining appropriate accommodations and interventions:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above and that: (a) I am a physician, or licensed clinical psychologist, or possess a doctorate in neuropsychology, clinical psychology, educational psychology, or other appropriate specialty; (b) I have been trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment; and (c) I have at least three years experience in the evaluation of students with learning disabilities, ADHD/ADD, or psychiatric disabilities. Any exceptions to these requirements must be approved by the Clinical Director of Disability Services.

Signature: _____ Date: _____

Print Name and

Title: _____

Area of Specialty: _____

State of License: _____ License

Number: _____

Address: _____

Phone:(_____) _____ Fax:(_____) _____

Return this information to:

Office of Disability Services, Boston University, 19 Deerfield Street, Boston, MA 02215.

