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Educational and Career Counseling Center and Disabilities Services

Traumatic Brain Injury/Acquired Brain Impairment Documentation Guidelines

Ferris State University complies with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Sections 504 and 508, which state, “*No otherwise qualified person with a disability in the United States...shall, solely on the basis of a disability, be denied access to, or the benefits of, or be subjected to discrimination under any program or activity provided by any institution receiving federal financial assistance.*”

This document was developed following the best practice recommendations for disability documentation as outlined by the Association on Higher Education and Disability (AHEAD). It is intended to provide a general understanding of the required documentation necessary to validate a Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI) as a disability and the need for appropriate accommodations at the postsecondary level. The information and documentation that establishes a TBI/ABI as a disability should be comprehensive in order to make it possible for a student to be best served at Ferris State University.

Documentation must validate the need for disability services based on the individual's *current level* of functioning in an educational setting. *A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation at the postsecondary level, but it can be included as part of a more comprehensive assessment battery.*

Students who are seeking support services from Ferris State University's Educational and Career Counseling Center and Disabilities Services on the basis of a diagnosed specific disability of Traumatic Brain Injury/Acquired Brain Impairment are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Protection under these civil rights is based upon the student supplying documentation of a disability that **currently substantially limits** some major life activity including learning. Recommendations for accommodations must be based on:

- ***A specific diagnosis*** that conforms to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) Axis One criteria and/or ICD 9/10 (International Classification of Diseases) criterion for TBI/ABI. Not all conditions listed in the *DSM-IV-TR* are disabilities, or even impairments for purposes of the ADA. Therefore, a diagnosis of a TBI/ABI does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973.
- ***Impact on major life activity***: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and other similar activities. In particular, individuals with TBI/ABI may also experience impacts in the following areas: Physical: Impairment of speech, vision and hearing loss, headaches, muscle spasticity, paralysis and seizure disorders; Cognitive: Memory deficits (short and long term), limited concentration, impaired perception and communication, difficulties with reading, writing, planning, and judgment; and Psychosocial/Behavioral and/or Emotional



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- Impairments: Fatigue, mood swings, denial, anxiety, depression, lack of motivation, problems with interpersonal skills, mood fluctuations, and/or disordered thinking that may interfere with educational settings (e.g., reading, writing, and calculating).
- **Current functional limitation:** A substantial impairment in the individual's ability to function in the condition, manner, or duration of a required major life activity such as:
 - Organizing thoughts, cause-effect relationships, and problem solving.
 - Processing information and word retrieving.
 - Generalizing and integrating skills.
 - Interacting with others.
 - Compensating for memory loss.
 - Needing established routines with step-by-step directions.
 - Needing books and lectures on tape.
 - Needing repetition or some type of reinforcement of information to be learned.
 - Demonstrating poor judgment and memory problems.
 - Exhibiting discrepancies in abilities such as reading comprehension at a much lower level than spelling ability.
 - Having difficulty with projection and clarity in voice.

Completion of the *Physician's Statement of Long Term Disability* can be substituted for a formalized written diagnostic report in the cases of physical or sensory disabilities of a permanent or unchanging nature. Attached to your physician's statement you must include the *Questionnaire for Students with Traumatic Brain Injury/Acquired Brain Impairment*.

TBI/ABI Written Diagnostic Report Documentation Guidelines

Attached to your Written Diagnostic Report you must include the *Questionnaire for Students with Traumatic Brain Injury/Acquired Brain Impairment*.

Written diagnostic reports *must be typed or printed on official letterhead and be signed* by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization). The evaluator must be properly credentialed, with appropriate and comprehensive training, with relevant experience and no personal relationship to and/or with the individual being evaluated.

A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of Traumatic Brain Injury/Acquired Brain Impairment, and making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include both:

- Comprehensive training and relevant expertise in differential diagnosis of TBI/ABI AND appropriate licensure/certification.

Qualified evaluators are defined as those licensed individuals who are qualified to evaluate and diagnose psychiatric disabilities or who may serve as members of the diagnostic team. These individuals or team members *may* include:

- Psychologists
- Neuropsychologists
- Psychiatrists



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- Neuropsychiatrists
- Other relevantly trained medical doctors
- It may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of Traumatic Brain Injury/Acquired Brain Impairment in adolescents and adults.
 - Use of diagnostic terminology indicating TBI/ABI by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families.

Documentation Should Be Current

Due to the sometimes changing nature of traumatic brain disabilities, it is essential that a student provide recent and appropriate documentation from a qualified evaluator. Because the provision of all reasonable accommodations and services is based upon the assessment of the current impact of the disability on academic performance, it is in an individual's best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic **evaluation has been completed within the past three years**. Flexibility in accepting documentation which exceeds a three year period may be important under certain conditions if the previous assessment is applicable to the current or anticipated setting.

- If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodation(s), reevaluation may be warranted.
- Furthermore, observed changes may have occurred in the individual's performance since previous assessment, or new medication(s) may have been prescribed or discontinued since the previous assessment was conducted. In such cases, it may be necessary to update the evaluation report.
 - The update should include a detailed assessment of the current impact of the Traumatic Brain Injury/Acquired Brain Impairment and interpretive summary of relevant information and the previous diagnostic report.
 - Records of academic progress prior to the onset of the TBI must be reviewed to substantiate that the current level of functioning is a direct cause of the brain injury (i.e., that function has changed as a result of the injury).
- If the written diagnostic report is more than three years old the student must also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student's current level of functioning during the preceding six months, and a rationale for the requested accommodations.

Documentation Must Include a Specific Diagnosis

The report must include a clear statement of the student's illness, including the DSM-IV TR diagnosis or ICD-10 diagnosis must be present and also include a summary of the present symptoms and prognosis. The diagnosis must be coded on Axis I or II. The specific diagnosis based on the *DSM-IV-TR* or *ICD-10* diagnostic criteria must be described and include the specific diagnostic section in the report with a numerical and nominal diagnosis from *DSM-IV-TR* or *ICD-10*.

- Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis.
- The evaluator should use definitive language in the diagnosis of TBI/ABI, avoiding such wording as "suggests", "has problems with", or "may have emotional problems."



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Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

Students with a co-existing diagnosis of ADHD/ADD must also provide the results of a comprehensive attentional assessment. – *Refer to ADHD/ADD documentation information.*

Students with a co-existing diagnosis of an additional psychiatric/psychological disability must also provide the results of a comprehensive psychiatric/psychological evaluation assessment. – *Refer to Psychiatric/Psychological Disorder Documentation information.*

Students with a co-existing diagnosis of specific learning disability must also provide the results of a comprehensive learning disability assessment. – *Refer to Specific Learning Disability Documentation information.*

Identification of DSM-IV Criteria

A diagnostic report should include a review and discussion of the **DSM-IV** criteria for a Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI) both currently and retrospectively and specify which symptoms are present. In diagnosing a (TBI/ABI) it is particularly important to address the following criteria:

- A specific diagnosis that conforms to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) and/or ICD-9/10 criterion for a TBI/ABI.
- Current functional limitations on major life activities resulting from the TBI/ABI. These may include but are not limited to:
 - Time management: handling time pressures and multiple tasks
 - Maintaining concentration: screening out environmental stimuli
 - Maintaining stamina: managing impact of medication side effects
 - Organization and prioritization
 - Social Skills: interacting with others; responding to negative feedback, approaching figures of authority
 - Responding to change
 - Managing symptoms/tolerating stress
- Current symptoms that have been present for at least the past six months.
- Impairment from the symptoms present in two or more settings (for example, school, work, home).
- Clear evidence of significant impairment in social, academic, or occupational functioning.
- Symptoms that do not occur exclusively during the course of an Attention Deficit/Hyperactivity Disorder, Attention Deficit Disorder, Psychiatric/Psychological Disorder, General Medical Condition or a Specific Learning Disability

Relevant Testing Information Must Be Provided

The assessment of the individual must not only establish a diagnosis of a Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI), but must also demonstrate the current impact of the (TBI/ABI) on an individual's ability in an institute of higher education. In addition, a



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neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on an individual's ability to function in academically related settings.

- FSU views a complete psychoeducational assessment as the primary tool, particularly in the K-12 academic setting, for determining the degree to which the TBI/ABI currently impacts the individual relative to academic achievement and ability.
- The evaluator must objectively review and include with the evaluation report relevant background information to support the diagnosis and its impact within the current educational environment. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles.
- This is a list of selected *examples* of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations. All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests should also be normed on relevant populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.
 - **Rating scales:** Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:
 - *Beck Anxiety Inventory*
 - *Beck Depression Inventory-II*
 - *Brief Psychiatric Rating Scale (BPRS)*
 - *Burns Anxiety Inventory*
 - *Burns Depression Inventory*
 - *Children's Depression Inventory*
 - *Hamilton Anxiety Rating Scale*
 - *Hamilton Depression Rating Scale*
 - *Inventory to Diagnose Depression*
 - *Multidimensional Anxiety Scale for Children (MASC)*
 - *Profile of Mood States (POMS)*
 - *State-Trait Anxiety Inventory (STAI)*
 - *Taylor Manifest Anxiety Scale*
 - *Yale-Brown Obsessive-Compulsive Scale*
 - **Neuropsychological and psychoeducational testing:** Cognitive, achievement and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:
 - **Aptitude/Cognitive Ability**
 - *Kaufman Adolescent and Adult Intelligence Test*
 - *Stanford-Binet, Fourth Edition*
 - *Wechsler Adult Intelligence Scale-III (WAIS-III)*
 - *Woodcock-Johnson-III - Tests of Cognitive Abilities*



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- **Academic Achievement**
 - *Scholastic Abilities Test for Adults (SATA)*
 - *Stanford Test of Academic Skills (TASK)*
 - *Wechsler Individual Achievement Test-II (WIAT-II) with reading rate*
 - *Woodcock-Johnson-III - Tests of Achievement*
- **Specific achievement tests, such as**
 - *Nelson-Denny Reading Test*
 - *Stanford Diagnostic Mathematics Test*
 - *Stanford Diagnostic Reading Test*
 - *Test of Written Language-3 (TOWL-3)*
 - *Woodcock Reading Mastery Tests-Revised*
- **Information Processing**
 - *California Verbal Learning Test-II*
 - *Category Test*
 - *Continuous Performance Test*
 - *Detroit Tests of Learning Aptitude-Adult (DTLA-A)*
 - *Detroit Tests of Learning Aptitude-3 (DTLA-3)*
 - *Halstead-Reitan Neuropsychological Test Battery*
 - *Rey-Osterrieth Complex Figure Test*
 - *Stroop Interference Test*
 - *Trail Making Test*
 - *Wechsler Memory Scale III (WMS-III)*
 - *Wisconsin Card Sorting Test*
 - Information from subtests on the *WAIS-III* or *Woodcock-Johnson-III - Tests of Cognitive Abilities*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.
- **Personality tests:** Acceptable instruments may include, but are not limited to:
 - *Millon Adolescent Personality Inventory (MAPI)*
 - *Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)*
 - *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)*
 - *Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*
 - *NEO Personality Inventory-Revised (NEO-PI-R)*
 - *Personality Assessment Inventory (PAI)*
 - *Sixteen Personality Factor Questionnaire (16PF)*
 - *Thematic Apperception Test (TAT)*
- All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.
 - *Describe the functional limitations* resulting from the disability or disabilities on major life activities. These limitations can include but not be limited to, impacts on physical (mobility, dexterity, endurance, etc.), perceptual, cognitive (attention, distractibility, communication, etc.) and behavioral abilities. These should be described within a clinical narrative and/or through the provision of specific results from the diagnostic procedures/assessments.
 - *Describe the expected progression or stability of the diagnosed disability.* Explain the expected change in the functional impact of the condition(s) over time. If the condition varies or is cyclical, describe known triggers that may aggravate the condition; identify interventions, including the student's own strategies, for problem-solving and self-regulation.



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Diagnostic Interview

The information collected for the summary of the diagnostic interview should consist of more than a self-report, as information from third party sources is helpful in the diagnosis of Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI) disabilities. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- *History of presenting symptoms* including duration and severity of the disorder
- *Developmental history* relevant developmental, historical and familial data
- *Family history* for presence of other educational, learning, physical, or psychological difficulties deemed relevant
- *Relevant medical and medication history*, including a clear statement of the head injury or traumatic brain injury and the probable site of lesion medical basis for the symptoms being evaluated, the individual's current medication regimen compliance, side effects (if relevant) and response to medication
- *Relevant psychological history* and any interventions
- A thorough *academic history* of elementary, secondary and post-secondary education
- Review of prior psycho-educational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
- Relevant employment history
- A description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance)
- If relevant to academic performance, a description of the expected progression or stability of the impact of the condition over time
- If relevant to academic performance, information regarding kind of treatment and duration/consistency of the therapeutic relationship.
- If relevant to academic performance medical information relating to the impact of medication and/or treatment on the student's ability to participate in all aspects of the academic environment.
- **Any recommended accommodations**

An Interpretative Summary Must Be Provided

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI) is in many ways a diagnosis based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential professional judgment be utilized in the development of a summary, which must include:

- Demonstration the evaluator also investigated and ruled out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse and/or psychiatric disorders, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported disability.



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- Demonstration of trauma preceding brain injury, history related to injury, finding from physical and/or radiological exams, loss of consciousness, amnesia surrounding the traumatic event or posttraumatic amnesia, minor and transient focal neurological changes in sensation or movement, absence of radiographic changes on computed tomography (CT) scans and inclusion of the Glasgow Coma Scale (GCS) score of the individual.
- Indication of how patterns of TBI/ABI characteristics across the life span (compared to prior history prior to the TBI/ABI diagnosis) and across settings are used to determine the presence of TBI/ABI
- Indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response
- Indication and discussion of the substantial limitation to learning presented by the TBI/ABI and the degree to which it affects the individual in the educational setting for which accommodations are being requested
- Indication as to why specific accommodations are needed and how the effects of TBI/ABI symptoms, as designated by the DSM-IV, are mediated by the accommodations.

Each Accommodation Recommended by the Evaluator Must Include a Rationale

Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the accommodation.

- The evaluator must describe the impact, if any, of the diagnosed Traumatic Brain Injury/Acquired Brain Impairment (TBI/ABI) on a specific major life activity as well as the degree of impact on the individual.
- The diagnostic report must include specific recommendations for accommodations that are realistic and that postsecondary institutions, and examining, certifying, and licensing agencies can reasonably provide.
- A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation, and/or testing.
- Although prior documentation may have been useful in determining appropriate services in the past, current documentation must validate the need for services based on the individual's *present* level of functioning in the educational setting.
- A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report.
- The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefited the individual.
- A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations. Given that many individuals may perceive that they might benefit from extended time in testing situations, evaluators must provide specific rationales and justifications for the accommodation.



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- However, a prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations.
- If no prior accommodations were provided, the qualified professional and/or the candidate must include a detailed explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or in-attendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

If the requested accommodations are not clearly identified in the diagnostic report, Ferris State University will seek clarification, and if necessary, more information. *FSU will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual.*

All documentation is confidential and should be submitted to:

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