



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Autism Spectrum/Pervasive Developmental Disorders 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 Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) as a disability and the need for appropriate accommodations at the post-secondary level. The information and documentation that establishes AS/PDD 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 Autism Spectrum/Pervasive Developmental Disorder 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) criteria for Autism, Asperger's Syndrome, or Pervasive Developmental Disorder – Not Otherwise Specified.
- ***Impact on major life activity:*** Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Life activities specific to AS/PDD include Communication or Language Skills; Social Interaction; Restricted, Repetitive and/or Stereotyped Patterns of Behavior, Interests or Activities; Sensory Functioning, especially sensitivity to environmental conditions that may be present in the educational setting.
- ***Current functional limitation:*** A substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity.



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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 both the **Autism Spectrum Disability Documentation Verification Form** completed by a qualified professional **AND** the **Questionnaire for Students with Autism Spectrum/ Pervasive Developmental Disorders**.

Written Diagnostic Report Documentation Guidelines

Attached to your Written Diagnostic Report you must include the *Autism Spectrum Disability Documentation Verification Form* completed by a qualified professional **AND** the *Questionnaire for Students with Autism Spectrum/Pervasive Developmental Disorders*.

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 and rendering diagnoses of Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) must have training in differential diagnosis and the full range of psychiatric disorders. The following professionals would generally be considered qualified to evaluate and diagnose AS/PDD provided they have comprehensive training in the differential diagnosis of AS/PDD and direct experience with the adolescent or adult AS/PDD population:

- Clinical psychologists
- Neuropsychologists
- Psychiatrists
- 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 AS/PDD in adolescents and adults.
 - Use of diagnostic terminology indicating AS/PDD 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

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 six months. Flexibility in accepting documentation which exceeds a six month period may be important under certain conditions if the previous assessment is applicable to the current or anticipated setting.



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- 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 AS/PDD and interpretive summary of relevant information and the previous diagnostic report.

Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis of Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) based on the DSM-IV diagnostic criteria. The diagnostician should use direct language in the diagnosis of AS/PDD, avoiding the use of such terms as "suggests, is indicative of, or attention problems."

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 specific learning disability must also provide the results of a comprehensive learning disability assessment. – *Refer to Specific Learning Disability 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.*

Identification of DSM-IV Criteria

A diagnostic report should include a review and discussion of the **DSM-IV** criteria for Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) both currently and retrospectively and specify which symptoms are present. In diagnosing AS/PDD 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). A criterion for Autism, Asperger's Syndrome, or Pervasive Developmental Disorder – Not Otherwise Specified.
- Current functional limitations on major life activities resulting from the Autism spectrum disorder. These may include but are not limited to:
 - Communication or Language Skills
 - Social Interaction
 - Restricted, repetitive and/or stereotyped patterns of behavior, interests or activities
 - Sensory functioning, especially sensitivity to environmental conditions that may be present in the educational setting
 - Motor planning



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- 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, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Relevant Testing Information Must Be Provided

The assessment of the individual must not only establish a diagnosis of Autism Spectrum/Pervasive Developmental Disorder (AS/PDD), but must also demonstrate the current impact of the AS/PDD on an individual's ability in an institute of higher education. In addition, a neuropsychological or psycho educational 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 AS/PDD 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.

Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding AS/PDD.

- Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of AS/PDD.
- Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of AS/PDD and do not substitute for clinical observations and sound diagnostic judgment.
- 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.



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- *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.

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 critical in the diagnosis of Autism Spectrum/Pervasive Developmental Disorder (AS/PDD). 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 delays in communication or language skills, social interaction, behavior, sensory functioning and/or motor planning
- *Developmental history*
- *Family history* for presence of AS/PDD and other educational, learning, physical, or psychological difficulties deemed relevant
- *Relevant medical and medication history*, including the absence of a medical basis for the symptoms being evaluated
- *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
- Description of **current functional limitations** pertaining to major life activities as well as to an education setting that are presumably a direct result of issues related to AS/PDD; and relevant history of prior therapy
- **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 Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) 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 of the evaluator having ruled out alternative explanations for current functional limitations as a result of psychological or medical disorders or noncognitive factors
- Indication of how patterns of AS/PDD characteristics across the life span and across settings are used to determine the presence of AS/PDD
- Indication of whether or not the candidate was evaluated while on medication, and whether or not the prescribed treatment produced a positive response



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- Indication and discussion of the substantial limitation to learning presented by the AS/PDD 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 AS/PDD symptoms, as designated by the DSM-IV, are mediated by the accommodations.

Each Accommodation Recommended by the Evaluator Must Include a Rationale

- The evaluator must describe the impact, if any, of the diagnosed Autism Spectrum/Pervasive Developmental Disorder (AS/PDD) 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.
- 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.*



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All documentation is confidential and should be submitted to:

**Ferris State University / University College / Department Head
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