

**State of Florida  
Department of Health**



**Instruction Booklet**

**Special Testing  
Accommodations for  
Examinees with Disabilities**

**Prepared by  
Operational Support Services  
Bureau of Operations  
Division of Medical Quality Assurance**

**Revised 08/2013**

## **Introduction**

The information in this booklet is provided for applicants, practitioners, evaluators, faculty and others involved in the process of documenting a request for examination accommodations. Applicants are encouraged to share this booklet with their evaluator and therapists or treating physician completing Part II of the application. This may help them assemble the appropriate documentation in support of the request for special testing accommodations.

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define a person with a disability as someone with a physical or psychological impairment that substantially limits one or more of the major life activities. The purpose of documentation is to validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

Functional limitation refers to the behavioral manifestations of the disability that impedes the applicant's ability to function, i.e., what cannot be done on a regular and continuing basis as a result of the disability. A candidate's accommodation must "match" with the identified functional limitation to alleviate the impairment by auxiliary aids or adjustment to examination procedures.

For example, a functional limitation might be described as the inability to control fine motor movements so that the individual is unable to fill in computer scanned answer sheets. An appropriate accommodation might be assistance with recording answers. Therefore, it is essential that the documentation provide a clear rationale for the identified functional impairment. While presumably the use of accommodations in the examination activity will enable the individual to accurately demonstrate their knowledge or mastery of the subject, accommodations are not a guarantee of improved performance, examination completion or a passing score.

**Accommodations Requests:** The Department of Health provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act of 1990 for examination applicants with documented disabilities who demonstrate a need for accommodation. Applicants requesting accommodations must personally initiate the application for special testing accommodations as those made by a third party (such as an evaluator or medical school) cannot be honored. Sent applications or requests for applications to:

**Department of Health  
Bureau of Operations  
Operations Support Services  
ATTN: Special Testing Coordinator  
4052 Bald Cypress Way BIN # C-90  
Tallahassee, FL 32399-3290  
(850) 245-4252 Fax (850) 487-9537**

**Application Submission Deadline:** In accordance with 64B-1.005(3)(a) F.A.C., applications for testing accommodations must be submitted no later than **sixty (60) days** prior to the first day of the examination for which special testing accommodations are requested and should be accompanied by the **required documentation**. Applications submitted after that day may not be available; early requests are encouraged.

**Change in Disability or Accommodations Requested:** Notification is required if there are changes in the nature or extent of a disability or if requested accommodations differ from those previously provided. Upon reapplication for special testing accommodations applicants should submit:

1. A timely application,
2. Detailed documentation that explains any disability change,
3. An updated Part II if changes are extensive or if the accommodation request has changed.

**Confidentiality:** To protect confidentiality, always send test accommodation information separately to the above address. **DO NOT** include these materials with an examination application.

**Generally Available Accommodations:** Test accommodations that may be available include, but are not limited to the following:

1. Assistance in completing the answer sheet(s) - (scribe),
2. Extended testing time,
3. Extra or extended breaks (without extended testing time for the examination),
4. Large print examination,
5. Printed copy of verbal instructions read by the proctor,
6. Reader,
7. Separate area for testing.

**Incomplete Applications:** If further disability verification or documentation is needed the decision on providing an accommodation may be delayed until future test administration.

**Reapplication for Special Testing Accommodations:** An application must be submitted for each examination for which special testing accommodations are requested. Applicants attempting another examination or reattempting a prior examination should indicate that previous Department of Health approved testing accommodations were provided. An expedited application process can then be utilized; Part II of the application will not be required if Part II is on file and complete.

## **General Guidelines**

These guidelines are provided to assist applicants in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities and should be shared with the practitioner who documents the disability. Documentation submitted in support of an accommodation request is given to a Department of Health medical consultant specializing in the appropriate area of disability for a fair and impartial professional review. To support accommodation requests please submit the following:

1. A completed Part I of the Application for Special Testing Accommodation.
2. A personal statement describing the disability, its severity and its impact on daily life and educational functioning such as test taking written by the applicant.
3. A completed Part II of the Application by a qualified practitioner whose scope of practice is relative to the disability and who is licensed pursuant to Chapters 490 (Psychological Services), 458 (Medical Practice), 459 (Osteopathy), 461 (Podiatry), 463 (Optometry), or 468, Part I (Speech Language Pathology and Audiology), Florida Statutes.
  - Documentation of the disability by a practitioner in the same field from another state may be made if the practitioner was licensed and actively practicing the profession at the time the diagnosis was made.
4. The evaluator's professional credentials, evidence of licensure, area of specialization, employment and state in which the individual practices should be provided on Part II.
5. Supporting medical documentation that;
  - States a specific diagnosis of the disability;
    - Diagnostic taxonomies used in the current editions of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV-TR) are recommended.
  - Current diagnosis;
    - Provisions of reasonable accommodations are based on assessments of the current impact of the examinee's disability in the examination activity.
    - As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years.
  - Describe specific diagnostic criteria or diagnostic evaluations used to include;
    - Date(s) of evaluation, results and a detailed interpretation of the results.
    - Specific results of diagnostic procedures and tests utilized with relevant history.
    - Where appropriate, specific test scores should be reported to support the diagnosis.
    - Diagnostic methods should be current practice and appropriate to the disability.
    - Informal or non-standardized evaluations should be described in detail such that other professionals should understand their role and significance in the diagnostic process.

- Describe limitations due to the diagnosed disability;
  - Demonstrate impact on functioning and explain the relationship of the test results to the identified limitations that result from the disability.
  - The current functional abilities should be fully described.
- Recommend specific accommodations;
  - Include an explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.
  - Recommendations should be tied to specific results or clinical observations.
- Establish professional credentials of the evaluator;
  - Including information about licensure or specialization in the area of the diagnosis.
  - The evaluator should present evidence of training and direct experience in the diagnosis and treatment of adults in the specific area of the disability.

**Physical Disabilities:** Documentation of a physical disability requiring testing accommodation can be a simple process which may include a physical examination and a few tests. An ADA applicable diagnosis combined with supporting medical statement as to how the diagnosed condition affects the applicant’s ability to function in the examination environment is required.

1. The General Guidelines apply.
2. Documentation based on objective evidence of a substantial limitation in physical function. At a minimum, the comprehensive evaluation should include the following:
  - Physical examination.
  - Diagnostic interview and Clinical history.
3. Report of assessment attached to Part II including **relevant:**
  - Description of the presenting problem(s).
  - Notes on the physical examination.
  - Tests or procedures used to support the diagnosis.

**Psychological Disabilities:** Diagnosis of psychological disabilities requiring special testing accommodations can be difficult to document. Applicant’s should provide an ADA applicable diagnosis combined with the supporting medical statement as to how the diagnosed condition currently affects the applicant’s ability to function in the examination environment is required.

1. The General Guidelines apply.
2. Documentation must be based on Objective Evidence of a substantial limitation in cognition or learning. At a minimum, the comprehensive evaluation should include the following:
  - Diagnostic interview and Clinical history.

NOTE: Psychological disabilities commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding academic history and learning processes in elementary, secondary and postsecondary education should be investigated and

documented when possible. Such records as grade reports, transcripts, or teachers' comments could help to substantiate self-reported academic difficulties.

3. Report of Assessment should be attached to Part II including **relevant:**

- Description of the presenting problem(s),
- Developmental history,
- Psychosocial history,
- Academic history; results of standardized testing, classroom performance and behaviors, transcripts, study habits and notable trends in academic performance,
- Family history, primary language of the home and level of fluency in English,
- Medical history noting absence of medical basis for symptoms which may include; dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders, history of relevant medication and current use that may impact learning.

4. Psychoeducational or Neuropsychological evaluation:

- Providing clear and specific evidence that a learning or cognitive disability exist,
- Assessment should consist of a comprehensive battery of age appropriate tests,
- Diagnosis on the aggregate of test results, history and level of current functioning,
- Only one or two subtests are not an acceptable basis for diagnosis,
- Minimally, the domains to be addressed must include the following:
  - Cognitive Functioning: Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.
  - Achievement: Battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement; The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests-Revised.

Specific Achievement tests are useful when conducted under standardized conditions and interpreted in the context of other diagnostic information. The Wide Range Achievement Test-3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures and therefore neither is acceptable if used as the sole measure of achievement.

- Information Processing: Specific areas (e.g., short/long-term memory, sequential memory, auditory/visual perception/processing, auditory/phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, Detroit Tests of Learning Aptitude-Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), Woodcock Johnson Psychoeducational Battery: Tests of Cognitive Ability.

5. Other Assessment Measures: May be integrated to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues.

6. Differential Diagnosis and possible Alternative Causes for the identified problems in academic achievement should be ruled out. The differential diagnosis must demonstrate that:
  - Significant difficulties persist in the acquisition and use reasoning or cognitive skills;
  - Experienced problems are not primarily due to lack of exposure to behaviors needed for academic learning or a poor match between individual ability and instructional demands.
7. Clinical Diagnostic Summary: An evaluator should integrate the comprehensive evaluation information into a well-developed clinical summary containing the following elements:
  - Elimination of alternative explanations such as poor education, motivation or study skills, emotional or attention problems, and cultural or language differences;
  - Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a psychological disability;
  - Indication as to why specific accommodations are needed and how the effects of the specific disability are mitigated by the recommended accommodation(s);
  - Impact the diagnosed psychological disability has on a specific major life activity as well as the degree of significance of this impact on the individual.
8. Problems such as **English as a second language, test anxiety, or slow reading** without an identified underlying cognitive deficit or failure to achieve a desired academic outcome are not learning disabilities as covered under the Americans with Disabilities Act.

**Attention-Deficit/Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD):** Diagnosis of ADHD/ADD related disabilities requiring testing accommodations can be difficult to document. The following additional information is provided as clarification of requirements:

1. The General Guidelines apply.
2. Qualified Practitioners must conduct the assessments and rendering diagnoses.
  - Comprehensive training in the differential diagnosis of ADHD/ADD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary.
  - Evaluator's professional credentials, licensure or certification, area of specialization, employment and state in which they practice should be clearly stated.
3. Current Assessment;
  - History of presenting symptoms with evidence of ongoing impulsive/hyperactive or inattentive behavior that significantly impaired functioning over time should be provided.
4. Developmental History;
  - Family history for presence of ADHD/ADD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner.

- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated.
  - Relevant psychosocial history and any relevant interventions.
  - Thorough academic history of elementary, secondary and postsecondary education.
5. Relevant Assessment Batteries. Neuropsychological or psychoeducational assessments may be necessary to determine individual's pattern or strengths or weaknesses and to determine whether there are patterns supportive of attention problems.
- Test scores or subtest scores alone should not be the sole basis for a diagnostic decision.
  - Subtests scores on Wechsler Adult Intelligence Scale - III (WAIS-III), memory function, attention, tracking or continuous performance tests do not alone establish a diagnosis.
  - Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD.
  - When testing is used, standard scores must be provided for all normed measures.
6. Review of Psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning issues prepared by the evaluator and including:
- Evidence of impairment in several life settings (home, school, work, etc.) and that the disorder significantly restricts one or more life activities,
  - Relevant employment history,
  - Description of current functional limitations relative to an educational setting and to the Department in particular that are presumably a direct result of the described problems,
  - Discussion differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
  - Exploration of possible alternative diagnoses that may mimic ADHD.
7. Diagnostic Summary: An evaluator should integrate the comprehensive evaluation information into a well-developed clinical summary containing the following elements:
- Elimination of alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors;
  - Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD/ADD;
  - Indication of the substantial limitation to learning presented by ADHD/ADD and the degree to which accommodations are being requested (e.g., impact on the program); and
  - Indication why specific accommodations are needed and how effects of ADHD/ADD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).
8. Identification of DSM-IV Criteria: Diagnostic report must include a review of the DSM-IV criteria for ADHD/ADD both currently and retrospectively and specify which symptoms are present (see DSM-IV for specific criteria).

According to DSM-IV, "the essential feature of ADHD/ADD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." Other criteria include:



- Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
- Current symptoms that have been present for at least the past six (6) months.
- Impairment from present symptoms in two or more settings (school, work, and home).

9. Specific Diagnostic: Report must include a specific diagnosis of ADHD/ADD based on the DSM-IV diagnostic criteria:

- Individuals reporting problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD/ADD.
- Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis.
- Use of medication in and of itself neither supports or negates a need for accommodation.

10. Rational for Accommodations:

- Evaluator must describe the impact of ADHD/ADD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations.
- Detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations.
- Former documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning.
- Documentation should include records of prior accommodation, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, subject exams, etc.).
  - A prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation.
  - If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed now.
- Because of the challenge of distinguishing ADHD/ADD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or inattentance, a multifaceted evaluation must address the intensity and frequency of the symptoms. Indicate these behaviors which constitute impairment in a major life activity.