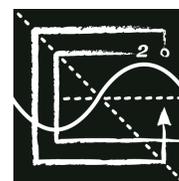


# NCEES EXAMINEES WITH DISABILITIES GUIDE

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**NCEES**

## **EXAM ACCOMMODATIONS**

The NCEES examination program provides reasonable and appropriate accommodations for individuals with documented disabilities within the meaning of the Americans with Disabilities Act, as amended (ADA). Under ADA, a disability is a physical or mental impairment that substantially limits an individual's ability to perform one or more major life activities, as compared with most people in the general population.

The following information is provided to assist in the process of documenting a request for exam accommodations. If you are requesting exam accommodations, share these guidelines with your evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request for exam accommodations.

The ADA Amendments Act of 2008 (ADAAA) and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The purpose of documentation is to validate that the individual is covered under the amended Americans with Disabilities Act as an individual with a disability.

The purpose of accommodations is to provide equal access to the NCEES examination program. Accommodations are matched with the identified functional limitation so that the area of impairment is relieved by an auxiliary aid or adjustment to the testing procedure. Functional limitation refers to the behavioral manifestations of the disability that impede your ability to function, i.e., what you cannot do on a regular and continuing basis as a result of the disability. For example, a functional limitation might be impaired vision that prevents you from being able to view the examination in the standard font size. An appropriate accommodation might be text enlargement. It is essential that the documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

While the use of accommodations in the exam activity will presumably enable you to better demonstrate your knowledge mastery, accommodations are not a guarantee of improved performance, exam completion, or passing score.

### **How do I request test accommodations on the NCEES exams?**

Review the *NCEES Examinee Guide* carefully; it is the official guide to policies and procedures for all NCEES exams. You must attest to having read the *NCEES Examinee Guide* before starting the exam registration process. Also, carefully review this current publication—*NCEES Examinees with Disabilities Guide*. It provides additional guidance on the requirements and the process for NCEES exam accommodations. It is your responsibility to make that sure you have the current versions of both guides.

Indicate your need for and request accommodations online when registering for an NCEES exam. Submission of an accommodation request does not guarantee that testing accommodations will be provided. NCEES will review your request and professional documentation to determine whether an accommodation may be granted.

Provide supporting documentation. Submit detailed and comprehensive documentation from a qualified medical or psychological professional. This documentation should describe the disability and the resulting functional limitations and explain the need for the requested accommodations. It must also include specific recommendations for accommodations deemed appropriate. Compare your documentation with the information included in this guide to ensure that your request is complete. Incomplete documentation may delay processing of your request. Handwritten documentation will not be accepted.

## **GENERAL GUIDELINES FOR ALL DISABILITIES**

You must personally initiate a written request for accommodations or for release of information relative to an accommodations request. All documentation submitted in support of a request for accommodations is confidential.

To support a request for exam accommodations, submit a detailed, comprehensive written report describing your disability and its severity and explaining how it impacts your ability to take an NCEES exam.

Documentation submitted in support of a request for accommodations must do the following:

### **Provide a specific diagnosis of the disability.**

A professionally recognized diagnosis for the particular category of disability is required—for example, the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) or the *International Classification of Diseases* (ICD).

### **Be current.**

Because the provision of reasonable accommodations is based on how your disability currently affects the exam activity, you should provide recent documentation on a qualified professional's letterhead. The manifestations of a disability may vary over time and in different settings; in most cases, an evaluation (or an update to an existing evaluation) should have been conducted within the past three years.

### **Describe the specific diagnostic criteria and name the diagnostic tests used, including dates of evaluation, specific test results and a detailed interpretation of the test results.**

This description should include the results of diagnostic procedures and tests used to assess the condition and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis. For example, documentation for multiple sclerosis should include specific findings on the neurological examination, including functional limitations and MRI or other relevant studies.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field.

### **Describe in detail the limitations caused by the diagnosed disability.**

Describe the impact on functioning in daily life activities and in regard to the exam process. Explain the relationship of the diagnostic test results and documentation of your current functioning to the identified limitations. Fully describe the current functional impact on physical, perceptual, and cognitive abilities; for example, an examinee with macular degeneration might be described as having reduced central vision, which limits the ability to read in some specified manner.

### **Recommend specific accommodations and/or assistive devices.**

Documentation should include a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitation in the exam situation. Include specific accommodations that have been granted in the past as well as the conditions under which they were granted.

Establish the professional credentials of the evaluator that qualify him or her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

If you have received any other accommodations in the past, you should submit supporting documentation certifying prior accommodations. If no prior accommodations have been provided in school, in jobs, or by other testing organizations, the evaluator and/or you should explain why no accommodations were given in the past and why accommodations are needed now.

## **DOCUMENTING ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

Evaluations for accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to ADHD.

- Assessment by a qualified evaluator
- Current testing/assessment
- Comprehensive documentation
- Relevant assessment batteries
- Review of DSM-IV criteria
- Specific diagnosis
- Clinical summary
- Rationale for accommodations

### **Assessment by a qualified evaluator**

As with other disabilities, professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosing and treating adults is necessary. The evaluator's name, title, and professional credentials—including information about license or certification as well as the area of specialization, employment, and state in which the individual practices—should be clearly stated in the documentation.

### **Current testing/assessment**

Testing/assessment must be current. The determination of whether you are significantly limited in functioning is based on how the impairment currently affects your ability to access an exam. In general, an evaluation or an update should have been conducted within the past three years.

### **Comprehensive documentation**

Documentation substantiating ADHD must be comprehensive. Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, it is essential to provide objective, relevant, and historical information. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood—such as educational transcripts, report cards, teacher comments, tutoring evaluations, and job assessments—are necessary.

- The evaluator is expected to review and discuss *Diagnostic and Statistical Manual of Mental Disorders* or the *International Classification of Diseases* diagnostic criteria for ADHD and describe the extent to which you meet these criteria. The report must include information about the specific symptoms exhibited and must document that you meet criteria for long-standing history, impairment, and pervasiveness.
- A history of your presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in the *Diagnostic and Statistical Manual of Mental Disorders* or the *International Classification of Diseases*) that significantly impair functioning in two or more settings.
- The information collected by the evaluator must consist of more than a self-report. Information from third-party sources is critical in the diagnosis of ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
  - History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
  - Developmental history

- Family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the evaluator
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
- Relevant psychosocial history and any relevant interventions
- A thorough academic history of elementary, secondary, and postsecondary education
- A review of psycho-educational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems
- Evidence of impairment in several life settings (such as home, school, or work) and evidence that the disorder significantly restricts one or more major life activities
- Relevant employment history
- A description of current functional limitations relative to the NCEES exam in particular that are presumably a direct result of the described problems with attention
- A discussion of the differential diagnosis, including alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD
- An exploration of possible alternative diagnoses that may mimic ADHD

### **Relevant assessment batteries**

A neuropsychological or psycho-educational assessment may be necessary to determine your pattern of strengths or weaknesses and to determine whether there are patterns that support attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the current edition of the Wechsler Adult Intelligence Scale- (WAIS-), memory functions tests, attention or tracking tests, or continuous-performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the diagnostic process. Checklists and/or surveys may 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.

### **Review of DSM-IV criteria**

The diagnostic report must include a review of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM or ICD for specific criteria). According to DSM, “the essential feature of ADHD 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 the following:

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

### **Specific diagnosis**

The report must include a specific diagnosis of ADHD based on current DSM or ICD diagnostic criteria. Individuals who report problems with organization, test anxiety, memory, and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. The use of any medications, and their effectiveness, should be reported. A positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself support or negate the need for accommodation.

## **Clinical summary**

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must be written by the qualified evaluator and must include the following:

- Demonstration that the evaluator has ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors
- Indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings have been used to determine the presence of ADHD
- The substantial limitation(s) presented by ADHD and the degree to which it affects you in the context for which accommodations are being requested
- Indication as to why specific accommodations are needed and how the effects of ADHD symptoms are mediated by the accommodations

Each recommended accommodation must include a rationale. The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity, as well as the degree of significance of this impact on you. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Documentation should address the need for accommodations based on your current level of functioning. The documentation should include any record of prior accommodations or auxiliary aid, including information about specific conditions under which the accommodation was used (for example, standardized testing, final exams). However, a prior history of accommodation without demonstration of a current need does not in and of itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified professional and/or you should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

## **Documenting learning disabilities**

Documentation for applicants submitting a request for accommodations based on a learning disability or other cognitive impairment should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to learning disabilities.

## **Diagnostic interview**

Because learning disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding your academic history and learning processes in elementary, secondary, and postsecondary education should be documented. The report should include a summary of a comprehensive diagnostic interview with relevant background information to support the diagnosis. In addition to your self-report, the report should include the following as applicable:

- A description of the presenting problem(s)
- A developmental history
- Relevant academic history, including results of prior standardized testing; reports of classroom performance and behaviors, study habits and attitudes, and notable trends in academic performance
- Transcripts from academic institutions where available
- Relevant psychosocial history
- Relevant medical history, including the absence of a medical basis for the present symptoms
- Relevant employment history
- Relevant family history, including primary language of the home and current level of fluency in English
- Relevant psychosocial history
- Relevant medical history including the absence of a medical basis for the present symptoms
- Relevant employment history

- A discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological, and/or personality disorders, along with any history of relevant medication and current use that may affect your learning
- Exploration of possible alternatives that might mimic a learning disability when, in fact, one is not present

### **PSYCHO-EDUCATIONAL EVALUATION**

The psycho-educational evaluation must be submitted on the letterhead of a qualified professional and must provide clear and specific evidence that a learning or cognitive disability does exist.

The evaluation must consist of a comprehensive battery of appropriate tests, and the diagnosis must be based on the aggregate of test results, history, and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed in the psycho-educational or neuropsychological evaluation should include the following:

- **Cognitive functioning**—A complete cognitive assessment with all subtests and standard scores reported is essential. Acceptable measures include but are not limited to the current edition of the Wechsler Adult Intelligence Scale-III (WAIS-); Woodcock-Johnson Psycho-educational Battery-: Tests of Cognitive Ability; and the Kaufman Adolescent and Adult Intelligence Test.
- **Achievement**—A comprehensive achievement battery with all subtests and standard scores is essential. The 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 current edition of the Woodcock-Johnson Psycho-educational Battery-: Tests of Achievement; the Scholastic Abilities Test for Adults (SATA); and the Woodcock Reading Mastery Tests-. Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test (WRAT-) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement or reading speed or proficiency; therefore, neither is acceptable if used as the sole measure of achievement.
- **Information processing**—Specific areas of information processing (for example, short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, and motor ability) must be assessed. Acceptable measures include but are not limited to the current edition of the Detroit Tests of Learning Aptitude-Adult (DTLA-A), the Wechsler Memory Scale (WMS), and information from the current edition of the Woodcock-Johnson Psycho-educational Battery-: Tests of Cognitive Ability.
- **Other assessment measures**—Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from coexisting neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

Actual test scores must be provided (standard scores where available), and norms used to interpret the data need to be identified. It is helpful to list all test data in a score summary sheet appended to the evaluation.

**A differential diagnosis must be reviewed, and various possible alternative causes for the identified problems in academic achievement should be ruled out.**

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information-processing deficit(s) and how these deficits currently impair your ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that you have significant difficulties in acquiring and using listening, speaking, reading, writing, or reasoning skills and that the difficulties are not primarily caused by lack of exposure to the behaviors needed for academic learning or to an inadequate match between your ability and the instructional demands.

**A well-written clinical summary based on a comprehensive evaluative process is a necessary component of the report.** Assessment instruments and the data they provide do not diagnose; rather, they provide important data that should be integrated with background information, historical information, and current functioning. The following elements must be included in the clinical summary:

- Demonstration of the evaluator's having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, 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 learning disability
- Indication of the substantial limitation to learning presented by the learning disability and the degree to which it affects the individual in the context of the exam
- Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s)

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities and therefore are not covered under the ADA.

**Each accommodation recommended by the evaluator must include a rationale.**

The evaluator must describe the impact that the diagnosed learning disability has on a specific major life activity, as well as the degree of significance of this impact on you. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations should be tied to specific test results, documented functional limitations or clinical observations. The documentation should include any record of prior accommodations or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether they were effective. However, a prior history of accommodation, particularly in a context other than taking a standardized test, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation.

**If no prior accommodations have been provided, the evaluator should include a detailed explanation as to why accommodations were not used in the past and why accommodations are needed at this time.**

#### **COMFORT AIDS FOR CBT EXAMINEES**

The test center will provide items included on the Pearson VUE Comfort Aid List, such as earplugs, noise-canceling headphones, and tissues. These items do not require preapproval. Other comfort aids, such as braces (neck, back, ankle, etc.), hearing aids, eye drops, and mobility devices, will be allowed in the testing room upon visual inspection by test center staff. Test center staff will conduct the visual inspection by examining the item but will not physically touch you or the item and will not ask you to remove the item.

Any items that do not appear on the Pearson VUE Comfort Aid List must be requested as a testing accommodation during the exam registration process and approved prior to scheduling your exam.

### **Types of accommodations provided**

Available accommodations include but are not limited to the following:

- Extra exam time
- A separate exam room
- A reader or recorder for individuals with mobility or vision impairments and who cannot read or write on their own

The goal of such accommodations is to ensure that the exam results of an individual with documented disabilities accurately reflect the individual's aptitude or achievement level (or whatever other factor the exam purports to measure) rather than the individual's impaired sensory, manual or speaking skills (except where those skills are the factors that the test purports to measure).

The goal of NCEES is to provide all qualified examinees access to the testing program. This includes disabled examinees who demonstrate functional limitations that affect their ability to take the exam.

### **Approval process**

You should account for processing time when planning to take the exam. The review/approval process can take up to 30 days and will not begin until all required documentation has been received by NCEES. You will not be authorized to schedule an appointment for testing until this process has been completed. Requests for expedited reviews will not be processed.

Additional documentation may be required. If additional documentation is requested, you will be provided a written letter detailing what is insufficient. You may submit additional documentation; however, it may take up to an additional 30 days of processing time.

Once a decision has been reached regarding your request for accommodations, notification will be posted on your MyNCEES account. If approved and are taking a CBT exam, you will need to contact Pearson VUE to schedule your exam. If taking a pencil-and-paper exam, you will receive information from your board or your board's testing agent regarding the arrangements for your approved accommodations.

Email questions related to the accommodations process to NCEES at [accommodations@ncees.org](mailto:accommodations@ncees.org).



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