Dartmouth
GEISEL SCHOOL OF MEDICINE

Guidelines for Documentation of Specific Disabilities

Summary of Purpose

This document outlines documentation that may be required for students requesting accommodations for the following disabilities: specific learning disorders, Attention Deficit/Hyperactivity Disorder (AD/HD), visual impairments, hearing impairments, psychiatric disorders, and/or others determined on a case-by-case basis.

Scope and Applicability

This policy applies to all Geisel medical students.

Definitions

None.

Guidelines

These guidelines, which are based on United States Medical Licensing Examination (USMLE) accommodation request requirements as of the time of this publication, outline the types of documentation that may be needed to establish your disability and assist GSAS in determining necessary and appropriate reasonable accommodations. The disabilities covered here are specific learning disorders, AD/HD, visual impairments, hearing impairments, and psychological disorders.

Please note that GSAS is willing to consider documentation that deviates from these guidelines on a case-by-case basis. GSAS recommends that students consider following the suggestions as closely as possible, especially if they are considering applying for accommodations for USMLE Step 1, 2, or 3, as this information will be required by the USMLE, at least as set forth at the time of this publication. Students whose documentation may not meet USMLE's guidelines run the risk of being denied accommodation by USMLE. Students are encouraged to visit the USMLE test accommodations information webpage to periodically review USMLE's requirements to determine if the licensing body has modified any of these requirements.

Specific Learning Disorders

In addition to the required documentation described in the "GSAS Disabilities Accommodation Policy," a request for accommodations on the basis of a Specific Learning Disorder should include the following:

A report of evaluation by a qualified professional

- A comprehensive psychological, psycho-educational, or neuropsychological evaluation that adheres to current professional standards. It is up to each evaluator to determine an appropriate assessment battery for any given evaluation.
- The report of evaluation should generally include the following:
    - Relevant aspects of the individual's developmental, family, medical, and other history including linguistic history, if English is not the first language.
    - A summary of the individual's educational history, experiences, and achievements, quality of instruction, and language of instruction at each level, and trends in academic performance.
    - History of prior academic interventions and classroom or test accommodations.
    - A review of documentation from third-party sources when available (e.g., academic records; scores from prior standardized exams; previous evaluations; feedback from teachers/faculty, tutors, academic advisors, or others; etc.).
    - Data and information from a comprehensive battery of standardized, norm-referenced tests and measures used to assess the individual's cognitive and academic functioning.
        - The Nelson-Denny Reading Test (NDRT) and Wide Range Achievement Test (WRAT) are not comprehensive diagnostic measures of achievement and therefore neither is considered acceptable if used as the sole measure of reading ability or academic skills.
    - Actual scores obtained for each subtest and/or measure administered reported as age-based standard scores when available from the test publisher.
    - The specific version of each test (e.g., 4th Edition, etc.) along with the specific norms used for scoring (e.g., age-based norms).
    - A summary integrating the obtained test and assessment data with relevant background/historical information, previous and current manifestations of the learning impairment, and current academic, occupational, and other life functioning.
    - A differential diagnosis with discussion of how each possible alternative explanation for the learning difficulty has been systematically ruled out (e.g., inadequate match between the individual's ability and instructional demands; cultural or linguistic factors; poor motivation and/or study skills; problems of attention, mood, or anxiety; sensory impairments; etc.)
    - An explanation of how the specific area of impairment is relevant to the examination setting and context and how the standard conditions present a barrier to the individual's access the examination.
    - A rationale for each recommended test accommodation.
    - If there is no prior history of classroom or test accommodations, an explanation of why accommodations have not been required/provided in the past and why they are necessary at this time.

Objective records of impaired functioning

- While historical records of childhood learning difficulties may not be obtainable in every case, providing objective documentation demonstrating a history of academic impairment (e.g., reading, writing) is useful to demonstrate the developmental nature and course of the impairment(s).
- Objective records that reflect current/recent academic, occupational, or other functional impairment that demonstrate how a major life activity is substantially limited relevant to test taking.

Attention Deficit/Hyperactivity Disorder (AD/HD)

In addition to the required documentation described in the "GSAS Disabilities Accommodation Policy," a request for accommodations on the basis of AD/HD should include the following:

A report of evaluation by a qualified professional

- It is up to each professional to determine an appropriate assessment battery for any given evaluation.
- The professional report should generally include the following:
    - Relevant aspects of the individual's developmental, educational, family, medical, psychosocial, educational, occupational, and other personal history.
    - A history of the individual's presenting symptoms, with detailed information about how the symptoms have manifested in the home, school, work, and other settings over time.
    - Self-report symptom checklists, behavior rating scales, and continuous performance tests may be useful in diagnosing AD/HD. Since adult recall of childhood symptoms tends to be unreliable, the evaluator should seek ancillary information from other sources (e.g., parent, teacher, spouse) as well as examples of current functional impairment in more than one setting.
    - A review of documentation from third-party sources, when available, to establish a history of impairment that goes beyond self-report (e.g., review of academic records; scores from prior standardized exams; previous evaluations or treatment records; feedback from teachers/faculty, advisors, supervisors; etc.).
    - A differential diagnosis with a discussion of how each possible alternative explanation for the identified problem(s) has been systematically ruled out.
    - A rationale for each recommended test accommodation.
    - If the report includes a comprehensive psychological, psycho-educational, or neuropsychological evaluation, it should adhere to current professional standards and include:

        - Actual scores obtained for each administered subtest and/or measure reported as age-based standard scores when available from the test publisher.
        - The specific version of each test (e.g., 4th Edition, etc.) along with the specific norms used for scoring (e.g., age-based norms).
        - A summary integrating all obtained test and assessment data with available clinical presentation, behavioral observations, relevant background/historical information, and current functioning to support the diagnostic conclusion.
    - If there is no prior history of classroom or test accommodations, an explanation of why accommodations have not been required/provided in the past and why they are necessary at this time.

Objective records of impaired functioning

- While historical records of childhood difficulties may not be obtainable in every case, providing objective documentation demonstrating a history of functional impairment in more than one setting is useful to demonstrate the developmental nature and course of the impairment(s) due to AD/HD.
- Records of current/recent real-world functional impairment in academic, social, and/or vocational settings and in daily adaptive functioning demonstrating how a major life activity is substantially limited.

Visual Impairments

In addition to the required documentation described in the "GSAS Disabilities Accommodation Policy," a request for accommodations on the basis of a visual impairment should include the following:

A report of evaluation by a qualified vision professional

- Include a detailed discussion of how the specific symptoms and assessment results meet professionally recognized diagnostic criteria for the identified visual impairment.
- Include relevant history and course of the presenting symptoms and whether the condition is stable or could be expected to change over time.
- Where relevant to the diagnosis and the examination for which accommodations are requested, comprehensive documentation should include detailed information about the health of the eye(s), visual fields, binocular functioning, accommodative functioning, oculomotor functioning, and other pertinent information. Examples of such data include:
    - visual acuities (best-corrected for near and distance);
    - visual field print-outs;
    - specific tests of accommodation (e.g., relative accommodation, amplitudes, facility, dynamic or nearpoint retinoscopy);

  - specific tests of vergence (e.g., nearpoint of convergence, cover test, prism vergences, facility);
  - specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram)
- Include actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to visual functioning.
- Detailed information about what therapy, medication, and low-vision aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data.
- A specific recommendation for all accommodations requested, including low vision aids, and an explanation of how the accommodations will reduce the impact of the identified functional limitations relevant to the specific examination setting and context.

Objective records of impaired functioning

- Include objective records demonstrating how the visual impairment substantially limits functioning relevant to the specific examination for which accommodations are requested.
- Visual impairment in only one eye can often significantly impact the ability to perform three-dimensional tasks. However, monocular conditions, in and of themselves, have not been shown to cause a substantial limitation in the ability to read or perform other two-dimensional tasks at near. Therefore, requests for accommodations for computer-based tests based on visual impairment in only one eye need to provide data to demonstrate reduced functioning in the fellow eye, such as accommodation (focusing) or reading eye movements (saccades).

Hearing Impairments

In addition to the required documentation described in the "GSAS Disabilities Accommodation Policy," a request for accommodations on the basis of a hearing impairment should include the following:

A report of evaluation by a qualified professional (e.g., audiologist, otolaryngologist)

- Actual scores and results from all tests, procedures, measurements, and scales administered.
- Information concerning the current impact of the hearing impairment on the individual's daily life functioning.
- A statement about whether the hearing loss is static or changing and how the impairment is expected to impact the individual's ability to access the examination.
- Detailed information about what therapy, assistive devices, or communication strategies are being used to treat or ameliorate the impairment, and the effectiveness of these interventions.
- A rationale for each recommended test accommodation relevant to the specific examination setting and context (e.g., for computer-based vs. clinical skills examinations).

Objective records of impaired functioning

- A copy of the most recent audiogram or audiometric study that was conducted. Documentation should ideally reflect the examinee's audiologic functioning **within the past year**. Older documentation may be sufficient for a hearing loss that is considered static in nature. Recent documentation (e.g., within the past 6 months) may be needed for hearing impairments that are variable in course and expected to change over time.

Psychiatric Disorders

In addition to the required documentation described in the "GSAS Disabilities Accommodation Policy," a request for accommodations on the basis of a psychiatric disorder should include the following:

A report of evaluation by a qualified professional

- A comprehensive psychiatric or psychological evaluation should adhere to current professional standards (e.g., the current version of the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults) and should include the following:
- A description of the presenting problem(s) and symptoms, with details about the onset and history of symptoms, as well as their current frequency, severity, and duration, etc.
- Information about the individual's current daily life activities (e.g., school, working, home, social, etc.) and day-to-day functioning relative to most people.
- Relevant aspects of the individual's history, with details regarding any past or present impact of psychiatric symptoms on academic, occupational, and social functioning.
- It is up to each evaluator to determine an appropriate assessment battery for any given evaluation. Provide assessment data and findings from all diagnostic tests and measures administered. Examples of common tests and measures include:
    - Structured diagnostic interviews/clinical interviews (e.g., *Structured Clinical Interview for DSM-5 (SCID-5)*).
    - Standardized norm-referenced measures of cognitive or neuropsychological functioning.
    - Behavior or symptom rating scales (e.g., current versions of the *Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Beck Depression Inventory (BDI), Multiscore Depression Inventory for Adolescents and Adults (MDI), Beck Anxiety Inventory (BAI), Depression Anxiety and Stress Scales 21, Minnesota Multiphasic Personality Inventory (MMPI), Conners' Adult Rating Scale, Achenbach Adult Self Report for Ages 18-59, Achenbach Behavior Checklist for Ages 18-59, Clinical Assessment of Depression, Test Anxiety Inventory*, or other scales for anxiety, mood, trauma, or related symptoms).
        - Rating scales and other diagnostic instruments are not meant to be used in isolation; no one measure is considered sufficient by itself to make a psychiatric diagnosis.
    - Symptom severity indices.
    - Objective tests of effort (e.g., symptom validity tests).
- A thorough summary that integrates test and assessment data with clinical presentation, behavioral observations, relevant background/historical information, and current functioning.

- Evidence of a differential diagnosis and a description of how each possible alternative explanation for the identified problem has been systematically ruled out.
    - For example, symptoms of the diagnosed psychiatric disorder must be distinguished from normal adult reactions and behaviors such as test anxiety, academic underachievement or failure, bereavement, personality traits, or low self-esteem.
- A specific diagnosis based on criteria for psychiatric disorders consistent with the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and related Health Problems (ICD)*.
- A clear description of how the identified impairment and related symptoms are relevant to the specific examination setting and context.
- A rationale for each recommended test accommodation.

Objective records of impaired functioning

- Records that reflect the individual's functioning in daily life activities (e.g., social, academic, occupational environments, etc.) since the onset of the psychiatric disorder and at the present time.
- A report of evaluation or treatment summary completed **within the past six (6) months** is necessary to establish the extent of current impairment and need for accommodations at the present time.

Related Information: Documents, Policies, Links, Etc.

Geisel Disability Accommodation Policy.
USMLE Testing Accommodations Webpage: https://www.usmle.org/test-accommodations/

Guideline Administration

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Contact Information

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History

Date	History
March 26, 2019	Guidelines were created.
April 26, 2019	Guidelines were revised by Dartmouth Office of General Counsel and an External Consultant.
May 15, 2019	Guidelines approved by Associate Dean for Medical Education Administration.
May 23, 2025	Updated to new policy template.

Background

The documentation suggested here is adapted from the strict requirements of the National Board of Medical Examiners (NBME). The level of detail set forth in these guidelines may exceed what GSAS would require. Nonetheless, it is recommended that students adhere to them as much as possible so that they will be prepared if they decide to apply for accommodations for their medical licensing examinations.