

## Guidelines for Assessment and Determination of Students with Learning Disabilities (LD)

To ensure a valid and comprehensive assessment process, please share this document with your clinician *before* testing

### I. Introduction:

The California State University Guidelines for the Assessment and Determination of Students with Learning Disabilities (CSU Guidelines) are designed to provide an equal educational opportunity to students with learning disabilities who are otherwise qualified for admission. The guidelines are based on consultation with qualified professionals in the field of learning disabilities in the CSU and other state university systems and are consistent with those issued by nationally known professional organizations [e.g., AHEAD].

These CSU Guidelines supersede eligibility criteria issued by the Office of the Chancellor in 2009. If any of the laws and regulations upon which the CSU Guidelines are based are amended, the most current applicable laws and regulations shall apply.

### II. Student Responsibility for Determination of a Learning Disability:

It is the responsibility of each student seeking accommodations and services from Humboldt State University's Student Disability Resource Center to provide a written, comprehensive psycho-educational evaluation.

### III. Assessment Providers:

To be considered qualified to diagnose specific learning disabilities, the professional(s) external and internal to the CSU shall have training and experience in the assessment and diagnosis of learning disabilities in adolescents and adults. Qualified professionals include clinical or educational psychologists, school psychologists, neuropsychologists, and credentialed learning disabilities specialists and other professionals whose training and experience includes the diagnostic practice of adolescents and adults. It is not considered appropriate or acceptable for professionals to evaluate members of their families.

### IV. Assessment Documentation:

Documentation should validate the need for accommodations and support services based on the student's current level of functioning in the educational setting. A school plan, such as an individualized education program (IEP) or a 504 plan may be considered sufficient documentation and should be included as historical information in any comprehensive assessment battery.

1. Assessment Must Be Comprehensive and Include a Test from *Each* Category. See table below for examples of acceptable tests:

Aptitude/Cognitive Ability	Academic Achievement	Information Processing
Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)	Woodcock Johnson - Third Edition: Tests of Achievement (WJ-III)	Wechsler Memory Scale
Woodcock-Johnson - Third Edition: Tests of Cognitive Ability (WJ-III)	Wechsler Individual Achievement Test (WIAT-III)	Rey Osterrieth Complex Figure
Kaufman Adolescent and Adult Intelligence Test	Nelson-Denny Reading Skills Test (Form G & H)	Trails A & B
Reynolds Intellectual Assessment Scale (RIAS)	Stanford Diagnostic Mathematics Test	Peabody Picture Vocabulary Test - Third Edition (PPVT-III)
Stanford-Binet (SB5)	Test of Written Language-3 (TOWL-3)	Rey Auditory Verbal Learning Test
Test of Non-Verbal Intelligence (TONI-3)	Gray Oral Reading Test (GORT 4th Edition)	Bender Visual-Motor Gestalt Test
	Spadafore Diagnostic Reading Test (SDRT)	Beery Visual-Motor Integration Test
		Wisconsin Card Sorting Test

**IV. Assessment Documentation (continued):**

## 2. Assessment Must Be Current:

Because the provision of academic accommodations is based upon the impact of a disability on current academic performance, psycho-educational assessment should have been conducted no longer than five years prior to the student's initial request for disability-related services at the University.

## 3. Assessment Must Include the Following Elements:

- Diagnostic report presented on letterhead, dated, and signed
- Clinician's name, title, license number, phone number, and address
- Summary of all instruments and procedures and date(s) of examination
- Written summary of educational and medical histories, family background and behavioral observations
- All test scores (including sub-tests) including: standard, , factor, index, and cluster scores and percentiles. Whenever possible, age-based scores are preferred for an adult population; grade or age equivalent scores alone are not useful.
- Clearly described intra-cognitive and/or aptitude-achievement discrepancies or the clinician's rationale for clinical judgment (if applicable)
- Statement of how the learning disability substantially interferes with the student's educational progress
- Recommendations for academic accommodations and support services. Academic accommodations and support services are:
  - Designed to meet a student's disability-related needs without fundamentally altering the nature of the instructional program or altering any directly-related licensing program
  - Not intended to provide remediation (instruction in basic skills not acquired earlier in the educational process (e.g., basic grammar, basic math, English as a Second Language, etc.).

## Authorization for Release of Information

**Please submit Completed Form To:**  
Student Disability Resource Center  
Humboldt State University  
1 Harpst Street  
Arcata, CA 95521  
Phone: 707-826-4678 Fax: 707-826-5397  
**Please do not email confidential information**

**Complete this form to authorize the release of your information. Upon completion, submit this form directly to the Student Disability Resource Center.**

I, , give my consent for Humboldt State University's Student Disability Resource Center

**TO RELEASE TO (the person named below, i.e., physician, college/university, etc.)**  
Any pertinent disability information regarding my academic progress (i.e., psychological, medical, learning disability, etc.):

**TO RECEIVE FROM (the person named below, i.e., physician, college/university, etc.)**  
Any pertinent disability information regarding my academic progress (i.e., psychological, medical, learning disability, etc.):

Name:

Address:

City:  State:  Zip Code:

Phone Number:  Fax Number:

For the purpose of:

### Student Consent:

Student Signature: \_\_\_\_\_

Date:

HSU ID:

This release is valid through the academic year: