

Student Admissions Policy

Washington Medical Science Institute

Approved by: President's Cabinet and the Faculty senate

Policy Statement:

WMIS will assess applications of all students who will become physicians to treat diverse patient populations with equal importance. An applicant's race, ethnicity, gender, marital or parental status, educational or social background will have no influence on how their application is assessed.

The Washington Medical Science Institute is committed to fair access and encourages applications from all students who are able to demonstrate the potential to meet the entry criteria for the relevant course and to benefit from study at any level. We welcome applications from students with disabilities. A disability need not be a bar to becoming a doctor if the student can fulfil the rigorous demands of professional fitness to practice. The applicant will be asked whether s/he will be able to meet the technical standards for admission with or without reasonable accommodation to ensure any reasonable adjustments are put in place during the application process and during the course of study.

Individual applicants are considered based on their merits, abilities and potential, regardless of race, color, nationality, ethnic origin, gender identity, marital status, family responsibilities, sexuality, political or religious beliefs and affiliations or other irrelevant distinction. WMSI places no limitation on the number and proportion of qualified students with disabilities that can be enrolled. These students will be governed by the same criteria for admissions as applied to all other students.

Objective of policy:

This policy is intended to provide the main framework for University admissions, and to act as a guide for all actions in the admissions process.

The disabilities section of the policy is a guide in assessing the disability of applicants during the admissions process and considers whether the school has the facilities to ensure an equal and fair education for the applicants with disabilities.

Definitions:

1. **Credit/Credit hour:** A credit hour is the unit of measuring educational credit, usually based on the number of classroom hours per week throughout a term. Students are awarded credit for classes on the basis of the Carnegie unit which defines a semester unit of credit as equal to a minimum of three hours of work per week for a semester.
2. **North American Student:** International Graduate holding a High School Diploma or GED from the American/Canadian Educational System. This level equates to secondary education.
3. **Indian Student:** International Graduate holding the "10+2" pattern of education credentials. In this pattern, study of 12 years is done in schools or in colleges with the +2 years equivalent to post-secondary education.
4. **African Student:** International Graduate holding West African Senior High School Certificate credentials. This level equates to secondary education.
5. **Caribbean Student:** International high school graduate with regional CXC credentials. This level equates to secondary education.
6. **A Level Student:** Any student holding A-level/Cape certificate credentials. This equates to post-secondary education.
7. **Transfer student:** Transfer students are applicants who have attended another institution(s) and intend to transfer all or some of previously completed courses toward their study at WMSI.
8. **Disability:** A physical or mental impairment that substantially limits one or more major life activities in an individual.
9. **Physical and Sensory Disabilities:** Any physical impairment or impairment of special sense organs including vision and hearing that substantially limits a person's major life activities. Pregnancy is not considered impairment.
10. **Special Accommodations:** Changes to the university environment to allow for enrollment of a health challenged individual includes: environmental modifications such as ramps or lifts, and wheel chair accessible entrances; multiple mediums of text such as auxiliary aids e.g. audio-recorded lectures; and degree requirements in terms of academics, attendance and the clinical areas.

Charges: The Admissions Committee reviews the technical standards and the requirements in the policy using CAAM-HP standards related to admissions and recommends any changes to the faculty senate.

Admissions Process:

Refer to the admissions process document

Academic prerequisites

WMSI requires a minimum of 90 credit hours of college courses with a GPA of 2.5 and above for undergraduate performance.

The following courses are prerequisites:

Course	Course - Credit Hours	Lab – Credit hours
General biology or zoology (2 semesters)	6	2
General chemistry or Inorganic chemistry (2 semesters)	6	2
Organic chemistry (2 semesters)	6	2
Physics I (1 semester)	3	1
Mathematics- calculus or statistics (1 semester)	3	
English (1 semester)	3	

Other preferable subjects: History, languages, arts, information technology.

WMSI strongly recommends that applicants earn a degree from an accredited undergraduate institution.

Completion of the 4-semester program of Pre-med from a recognized University with the above required credit hours, prerequisite courses and GPA will also award direct entry into the Medical Program.

If two of the above courses are in progress, decision on provisional acceptance will be rendered as long as the planned completion date is 2 months prior to the start date. The visa process will

commence after successful completion of the courses in progress and other requirements as stated above in the visa process.

WMSI will not consider MCAT scores in its admission decision.

US citizens, US nationals and permanent residents who wish to obtain federal financial aid are required to take MCAT exams and provide the school with scores for admission consideration. This is a regulation set by the US Department of Education.

Fraud: WMSI will not admit any applicant on the strength of information considered to be fraudulent or plagiarized, and can reject the application under these circumstances. The presence of 1 or more of the following indicators may provide a suspicion of fraud:

- The document shows grades that are very high by the standards of a system where grades are typically clustered at the lower end.
- The format of the document is unusual for the institution or the system of education.
- The document contains inconsistent typeface elements.
- The document contains spelling errors.
- The document is marked as "confidential" and yet it is submitted by an applicant.
- The transcript or diploma is a colored photocopy.
- Lines, words, numbers, etc. appear crooked on the page.
- Lines, words, numbers, etc. are missing from the use of white-out.
- The document is not signed and/or sealed.

Where an applicant is suspected of having provided a fraudulent or plagiarized application, the application will be assessed through verification with the academic institution or referee.

All applicants should be aware that the University reserves the right to routinely investigate all documents submitted with an application.

Criminal Convictions: It is the duty of the applicant to disclose any relevant convictions. Any application with a criminal conviction or suspicion thereof, will be referred to the school's legal consultant for further investigation of the relevant criminal conviction and an offer will be made based on the consultant's recommendations, in addition to the applicant's other admission documents.

Interactions between the University and the applicant: WMSI will not tolerate any communication from an applicant that is not conducted in a professional, courteous, and respectful manner. Hostile, aggressive or otherwise inappropriate behavior or language, whether expressed verbally or in writing, and excessive levels of contact, will be viewed seriously and may adversely affect the consideration of an application or complaint.

Technical standards for admission to medical schools:

Medical education requires that the accumulation of knowledge be accompanied by the acquisition of skills, professional attitudes and behavior. The technical standards presented here are prerequisite for admission, progression, and graduation from the Washington Medical Science Institute.

WMSI has determined that certain technical standards must be met by prospective candidates and students. A candidate for the M.D. degree must possess aptitude, abilities, and skills in the five areas discussed below. Reasonable accommodation will be made for otherwise qualified persons with disabilities. All individuals must be able to perform independently; therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified below.

Observation: Observation necessitates the use of the sense of vision and other sensory modalities. The individual must have visual acuity to make accurate observations, both close at hand and at a distance. The individual must be able to observe physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues. The individual must have the visual acuity necessary to be able to read electrocardiograms, radiographs, and other diagnostic tests.

Communication: Communication includes not only speech but reading and writing. The individual must be able to communicate effectively and efficiently in oral and written form with patients and with members of the health care team. The individual must be able to speak, to hear, and to observe patients to elicit information, describe changes in mood, activity and posture, and to perceive nonverbal communications.

Motor Function and Coordination: Individuals must have sufficient motor function to obtain information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. The individual must have sufficient motor function to do basic laboratory tests (urinalysis, CBC, etc.) and carry out diagnostic procedures (proctoscopy, paracentesis, etc.). An individual must be able to perform motor activities required in providing general and emergency treatment to patients, such as cardiopulmonary resuscitation, administering intravenous medication, applying pressure to stop bleeding, opening obstructed airways, suturing simple wounds, and performing routine obstetrical maneuvers. Such actions require both gross and fine muscular movements, equilibrium, and coordinated use of the senses of touch and vision.

Intellectual Abilities: *Conceptual, Integrative and Quantitative:* Intellectual abilities include measuring, calculating, reasoning, analyzing, and synthesizing information. Problem solving, a critical skill demanded of physicians, may require all of these intellectual abilities. In addition, individuals must be able to comprehend three dimensional relationships to understand the spatial relationships of anatomic structures.

Behavioral and Social Attributes: Individuals must possess the emotional health required for the appropriate use of their intellectual and mental abilities, including logical thinking, good judgment, impulse control, empathy, interest, and motivation. These abilities should be sufficient to assure the development and maintenance of therapeutic relationships with patients and those who care for them. Individuals must be able to maintain emotional health despite

stress, uncertainty, and physically taxing workloads and to adapt to changing situations while handling the responsibilities associated with medical education and patient care.

WMSI will consider for admission, progression, and graduation individuals who demonstrate the knowledge and the ability to perform or learn to perform the skills described above. Individuals will be assessed not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the requirements of the school's curriculum and to graduate as skilled and effective practitioners of medicine.

Therefore, the following technical requirements apply:

1. The ability to observe and participate in experiments in the basic sciences.
2. The ability to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments in a timely manner.
3. The sufficient use of the senses of vision, hearing, and the somatic sensation necessary to perform a physical examination.
4. The ability to establish and maintain professional relationships with patients, faculty, and peers.
5. The ability to communicate effectively, both orally and in writing, with patients and colleagues.
6. The ability to perform routine laboratory tests and diagnostic procedures.
7. The ability to perform appropriately in emergency situations.
8. The ability to display good judgment in the assessment and treatment of patients.

Disabilities:

The provisions of the Americans with Disabilities Act of 1990 provides(**provide**) a sound theoretical basis for admissions and will be considered while admitting students with disabilities to the institution. The guidelines on admitting students with disabilities from the Association of American Medical Colleges (AAMC) will also be considered.

The Admissions Committee will follow the technical standards for admission to the MD program and will consider the admission of students with disabilities. The skills and abilities included will be those required for successful graduation. During the admissions process the student will not be asked about a handicap or a disability. The applicant will be asked whether s/he will be able to meet the technical standards for admission with or without reasonable accommodation. Each student will be considered on an individual basis by the Admissions Committee and if necessary, by a broader group of faculty members.

WMSI will not discriminate against any applicant or enrolled student on the basis of race, color, religion, sexual preference, age, disability, or other protected status. A person with a disability is someone who has a physical or mental impairment that limits substantially one or more major life activity, such as caring for one's self, performing manual tasks, learning, walking, seeing, hearing, breathing and working; has a record of such an impairment; or is regarded as having such an impairment.

All requests for accommodation (e.g., use of a computer, extra time and/or separate room for exams, reduced caseload, access to note-takers, taped books, etc.) are evaluated on a case-by-case basis. This evaluation includes the review of clinical documentation and a determination of the reasonableness of the accommodation requests. Primary clinical documentation or other diagnostic information held by the WMSI Disability Coordinator (see *Procedure for Review of Accommodation Requests*, below) is kept confidential and is released to a third party only with the student's written permission or as required by law. General information about a student's disability and accommodation request(s), however, may be shared with other University officials or, in limited circumstances, with third parties who have a legitimate need to know. The student's disabilities file is maintained by the Disability Coordinator and is held separately from the student's official academic record. The **D**isability **C**oordinator will be identified by the institution from among the personnel involved in the admissions process. This individual may be provided further training if required.

Although disclosure of a disability may not be necessary or appropriate for some persons, those who seek reasonable accommodations from WMSI must follow the procedures outlined below. Therefore, considering the pros and cons of disclosure is important. WMSI is committed to ensuring a supportive environment for students with disabilities by providing the opportunity for full participation in the academic resources of the campus community.

Procedure for Review of Accommodation Requests

Students are expected to be actively responsible for all aspects of their enrollment. Students requesting accommodations must take the initiative to seek assistance, comply with deadlines and agreements, and participate in the following procedure:

Contact the Disability Coordinator

Students requesting accommodations should contact the Disability Coordinator. This contact should take place at least three weeks prior to the start of an academic block, course, or clinical clerkship or immediately following an injury or illness, in order to disclose a disability/illness/injury and to initiate accommodation(s).

Provide clinical documentation

In initiating the accommodation process, the student must submit current clinical documentation that supports the request for accommodation(s).

Learning, Attentional Disabilities: Acceptable clinical documentation for learning disabilities (LD) and attentional disabilities (e.g., attention-deficit hyperactivity disorder) includes a comprehensive diagnostic interview/consultation and neuropsychological or psycho-educational evaluation plan, which typically should be completed within three years of entering the Medical School. The three-year currency requirement may be waived upon application and in appropriate circumstances.

Other/Non-learning Disabilities: Acceptable documentation for other types of disabilities (e.g., medical, psychological, etc.), either permanent or temporary, includes a report from a professional describing the nature of the disability, suggested accommodation(s), and the expected duration of the disability and requested accommodation(s). WMSI reserves the right to request additional diagnostic information and assessment when, in its opinion, such additional information is needed to indicate the existence of a disability or the need for accommodations in the educational or clinical settings.

The Disability Coordinator works in close collaboration with other WMSI-based resources designed to evaluate and address architectural and programmatic access in each particular setting. Although a student's academic and accommodation histories are important, other factors are considered as well in determining what, if any, accommodations are appropriate; the receipt of particular accommodations in a previous setting does not automatically indicate that identical accommodations will be provided here.

Complete a "Request for Disabilities Services/Accommodation" form

Along with submitting clinical documentation, the student will complete a Request for Disabilities Services/Accommodation form (the student will receive this form when he/she meet with the Student Disability Coordinator.) The Disability Coordinator will make an initial evaluation of the request with respect to the completeness of the clinical or other diagnostic documentation submitted. The Disability Coordinator's evaluation may include consultation with at least one clinical consultant in addition to a meeting with the student before final determination of services can be made. With the student's written permission, the Disability

Coordinator may need to consult with the original evaluator when documentation guidelines have not been followed or information is otherwise unclear.

Sometimes a student may be asked to provide updated comprehensive information, if the condition is potentially changeable and/or previous documentation does not include sufficient relevant information. Last-minute submission of documentation may result in unavoidable delays in consideration of requested services. Because medical school training may include a variety of settings – classroom to clinical – accommodations granted on admission may not be appropriate for all settings; the Disability Coordinator, in collaboration with a clinical consultant, may review with the student, as needed, accommodations for each class or setting as the student progresses through the medical school curriculum, to avoid compromising or altering fundamentally the essential components of a particular course or program.

Provisional Interim Accommodations for students with a previous history of documentation with or without accommodations for LD and/or ADHD

Students with a previous history of neuropsychological documentation with or without a history of accommodations for LD and/or ADHD may seek review of their documentation by the Disability Coordinator's educational consultant, who will be external to the University, for the purposes of assessing his/her need for provisional interim accommodations. In the event that the consultant feels the previous documentation requires amplification or is not sufficiently updated, the Disability Coordinator may request that the student undergo additional neuropsychological testing. The educational consultant may recommend to the Disability Coordinator provisional accommodations in the interim for the student, to be communicated to the appropriate system chair, based on the previous documentation provided.

It is understood that provisional accommodations will be revised as necessary upon the educational consultant's review of the requested additional neuropsychological testing and that the student bears the responsibility to work with the educational consultant to provide the testing results in as timely a manner as possible. Provisional interim accommodations will be limited to a period of one semester, if not shorter, pending the educational consultant's review of the new testing. Interim accommodations will be re-affirmed or modified, as appropriate for the curriculum, based on the educational consultant's review.

Implementation of Accommodations in Courses and Clerkships and Student's Responsibilities

The Disability Coordinator will communicate by letter the accommodation(s) determined by the Disability Coordinator's process of review to the appropriate system chair or clinical department director before the start of the course/clerkship. The student has the responsibility to anticipate the need for such letters in his/her various courses/clerkships and to plan with the Disability Coordinator the sequence of letters that will be needed for the courses planned for the year. The student is also responsible for ensuring that the letters have been received in a timely fashion by the system chairs/clinical department chairs. If any problem arises in the receipt of such a letter the student must promptly notify the Disability Coordinator to ensure that the necessary steps are taken to guarantee that the paperwork is in place.

Yearly review of Course/Clerkship Accommodations with Disability Coordinator

The student is encouraged to review and renew this process each year with the Disability Coordinator to check for possible adjustments of accommodations in new training settings (e.g.,

from preclinical classrooms to clinical clerkships in hospital settings). In this yearly review, the Disability Coordinator may consult with at least one clinical consultant in addition to meeting with the student to assist in final determination of services, if changes are considered necessary. For **nonacademic accommodations** (e.g., related to transportation, housing or technology assistance), the Disability Coordinator will consult with the campus Facility Manager, the Director of IT Services, or other officials involved in facilitating the accommodation. The Disability Coordinator will then make and record a decision regarding the request. For **academic accommodations** (e.g., related to curriculum modifications within a course or clerkship), the student should first meet with his/her faculty mentor and with the system chair or clinical department chair(s) to discuss the accommodation request. The Disability Coordinator will review the accommodation request with an educational consultant, as needed. The system chair or clinical department chair(s), in consultation with the Disability Coordinator and with others as appropriate, will determine the appropriateness of the requested accommodation for the student and for the course/clerkship. In the event that a determination is reached that the requested accommodation would result in lowering academic standards or altering the program substantially, the course/clerkship director(s), in consultation with the Disability Coordinator and with others as appropriate, will consider whether any feasible alternative accommodations exist that would take into account both the legitimate interests of the school and the student. The Disability Coordinator will record the system chair or clinical department chair's decision. The student will be notified of the decision. The Disability Coordinator will file the original form in the student's disabilities file. The Disability Coordinator will also provide a letter illustrating the approved accommodations to the necessary parties.

Appeal Procedure

A student has the right to appeal any accommodation decision by filing a written explanation and petition for reconsideration. The Disability Coordinator will first attempt to mediate with the student and faculty/staff member.

If the Disability Coordinator is unable to resolve the matter, he/she will present the student's petition to the Grievances Committee. In adherence to confidentiality policies, the Disability Coordinator will obtain the student's written permission prior to distributing primary clinical documentation to members of the Committee, if relevant to the petition.

Members of the Committee will discuss the case and offer recommendation(s) for a solution. Within three school days following the meeting, the Disability Coordinator will notify the student and faculty/staff member of the Committee's recommendation(s).

If the resolution is still unsatisfactory, the student may appeal in writing to the Associate Dean for Student Affairs.

The Associate Dean for Student Affairs decision will be final. In most circumstances, the Associate Dean will not overturn the decision of the Committee unless he/she is presented with new information regarding the request that has not been considered by the Committee. ***WMSI expressly reserves the right to make changes to its written policies, rules, and regulations that are consistent with its legal obligations of nondiscrimination and reasonable accommodation. The above information is not intended, and should not be construed, to give rise to contractual rights and obligations.***

Guidelines for Documentation of Medical, Learning, Attentional and Psychological Disabilities

Before any accommodation can be granted, students must submit documentation as well as meet with the Disability Coordinator. To ensure complete documentation, we suggest that students give a copy of relevant guidelines to clinicians for use in writing reports documenting the need for accommodations. Students are also advised to keep a copy of any documentation materials they give to the Disability Coordinator. In instances of multiple diagnoses, including combinations of medical, learning, attentional and/or psychological disabilities, students and their clinical evaluators should consult the appropriate companion guidelines to ensure adequate documentation for the accommodations requested.

Documentation for Medical Disabilities

The following guidelines for medical disabilities (including mobility, manual, hearing and visual disabilities) and conditions resulting from temporary illnesses and injuries are provided to assist students who plan to submit clinical documentation to the Disability Coordinator. Please see separate guidelines for learning, attentional, and psychological disabilities:

- The clinician must be qualified to make the diagnosis in the area of specialization and may not be a member of the student's family.
- The evaluation is written on a professional letterhead that is current, usually within 3 months, and contains the date of the last appointment with the student.
- The clinician indicates a claimed disability clearly.
- Documentation supports the claimed disability clearly with relevant medical and other history.
- The evaluation contains a description of current medications, treatments, and assistive devices and technologies with estimated effectiveness in ameliorating the impact of the disability (i.e., extent of effectiveness of corrective lenses, use of crutches, etc.) and history of medication's adverse effects known to have affected the student.
- A description is included of the functional limitations resulting from the disability that addresses specifically a graduate educational setting and, if relevant, reference to allowable activities.
- The documentation clearly supports the direct link to and need for the requested accommodations.

Documentation for Learning Disabilities (LD)

The evaluation must be conducted by a qualified professional who:

- has comprehensive training and relevant experience with an adolescent and adult LD population;
- has competence in working with culturally and linguistically diverse populations; and
- is not a member of the student's family.

Documentation must be recent, which, in most cases, means that testing has been conducted within the past three years. Documentation should include:

- a summary of a diagnostic/clinical interview;
- assessment of the major domains of cognitive and academic functioning;
- a list of tests administered, including all standard scores (insert semi-colon)
- expert interpretation of the results;
- a clear diagnosis and statement of disability;

- discussion of functional limitations and academic functioning levels; and
- recommendations.

The diagnostic/clinical interview summary listed above should include:

- a description of the presenting problem(s);
- a developmental history of language and speech acquisition and early motor skill development;
- relevant medical history, including the absence of a medical basis for the present symptoms;
- academic history, including areas of uneven academic achievement and results of prior standardized testing taken with or without accommodations;
- reports of unevenness in classroom performance and behavior;
- relevant family history, including primary language of the home and the student's current level of fluency of English;
- relevant psychosocial history;
- relevant employment history;
- a discussion of dual diagnosis, preexisting or coexisting behavioral, medical, neurological, and/or personality disorders, along with any history of medication use, past or current, that may affect the student's learning;
- a description of auxiliary aids, services, and accommodations used; and
- exploration of possible alternatives that may mimic a learning disability when, in fact, a disability is not present.

Neuropsychological or psycho-educational assessment must provide clear evidence that a specific LD does or does not exist. Objective evidence of *substantial limitation to learning* must be provided. Assessment must consist of a comprehensive, individualized, standardized and adult-normed assessment battery. Any resulting diagnosis must be based upon a pattern of performance across the battery.

At a minimum, the domains to be addressed in a psycho-educational report must be the following:

- *aptitude/cognitive ability*: a valid intellectual assessment with all subtests and standard scores;
- *academic achievement*: a comprehensive academic achievement battery that assesses basic and higher order skills of reading, writing, verbal expression and math as well as fluency (timed performance) in these academic areas;
- *cognitive and information processing* that includes memory, processing speed and cognitive fluency, attention, sensory-perceptual functioning, executive functioning, motor functioning, visual acuity and possible need for prescription eye glasses;
- *informal measures*, including classroom tests, informal assessment procedures, and observations that may be integrated with information from formal assessment measures to help rule in or rule out the learning disability, to differentiate it from coexisting neurological and/or psychiatric disorders, or to support a recommendation for a specific accommodation;
- *error analysis* of specific errors in performance on relevant assessment measures and other informal areas with a narrative description, discussion and interpretation of the kinds of errors made by the student; and
- *behavioral observations*, including signs of anxiety, fatigue or motivational issues.

The documentation must include a specific learning disability diagnosis in the official nomenclature of the Diagnostic and Statistical Manual, V (DSM-V) and/or the ICD-10 and describe both the nature and severity of the learning disability. The evaluator must describe the impact the learning disability has on major life activities, including the significance of this impact on the student's learning.

A clinically interpretive summary must be provided that includes:

- evidence that the evaluator ruled out alternative explanations for academic problems, such as limited education exposure, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language differences;
- evidence of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability;
- evidence of the substantial limitation to learning presented by the learning disability and the degree to which the disability affects the student in the learning context for which accommodations are being requested;
- evidence of why specific accommodations are needed in this current educational setting and how the effects of the specific disability are mediated by the accommodation; **and**
- an accommodation that is clearly identified (if an accommodation is not clearly identified in the diagnostic report, the Disability Coordinator or his/her designee reserves the right to seek clarification and/or additional information from the evaluator. The Disability Coordinator will make the final determination as to whether accommodations are warranted and can be provided for the student. If no prior accommodation(s) has been provided, the qualified professional and/or the student should include a detailed explanation of why no accommodations were used in the past and why an accommodation is needed at this time).

WMSI will not release any part of the documentation without the student's informed consent or under compulsion of legal process.

Documentation Guidelines for Attentional Disabilities (ADHD)

The evaluation must be conducted by a qualified professional who:

- has comprehensive training in the differential diagnosis of ADHD,
- has direct experience with an adolescent or adult ADHD population, and
- is not a member of the student's family.

Documentation must be recent, which, in most cases, means that testing has been conducted within the past three years.

- A comprehensive assessment should include a diagnostic interview, neuropsychological and/or psycho-educational testing, and third-party interviews when available.

Diagnostic interview should include:

- 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 of ADHD 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;
- A thorough academic history of elementary, secondary, and postsecondary 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 an educational setting and that are presumably a direct result of problems with attention; and
- Relevant history of prior therapy.

Assessment must not only establish a diagnosis of ADHD, but also demonstrate the current impact of the ADHD on a student's ability to take tests under time pressure. In addition, neuropsychological or psycho-educational assessment is important in determining the current impact of the disorder on a student's ability to function in academically related settings.

- All data (selected test and subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, continuous performance tests, checklists and/or surveys, clinical observations, etc.) must reflect logically a substantial limitation to learning for which the individual is requesting accommodation.

Documentation must include a specific diagnosis of ADHD based on the DSM-V diagnostic criteria.

Documentation Guidelines for Psychological Disabilities

The evaluation must be conducted by a qualified professional who:

- has comprehensive training and relevant experience in differential diagnosis in the full range of psychiatric disorders,
- has appropriate licensure/certification, and
- is not a member of the student's family.

Documentation must be current. Because of the changing nature of psychiatric disabilities, documentation must address the student's current level of functioning and the need for accommodations (e.g., resulting from observed changes in behavior and/or performance or from medication changes since previous assessment). If the diagnostic report is more than six months old, the student must also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student's current level of functioning during the preceding six months, and a rationale for the requested academic or residential accommodations.

Comprehensive assessment is necessary to substantiate the diagnosis and must include data from historical information, diagnostic interview and/or psychological assessment. Psycho-educational, neuropsychological or behavioral assessments are often necessary to support the need for accommodations because of the potential for psychiatric disorders to interfere with cognitive performance. The evaluation should include:

- History of presenting symptoms;
- Duration and severity of the disorder;
- Relevant developmental, historical, and familial data;
- Relevant medical and medication history, including the student's current medication regimen and compliance, side effects (if relevant) and response to medication;
- Description of current functional limitations in different settings, with the understanding that a psychiatric disability usually presents itself across a variety of other settings—in addition to the residential and academic domain—and that expression of the disability is often influenced by context-specific variables (e.g., school-based performance);

- As relevant to the residential domain, a description of observed behaviors that are likely to have an impact on dormitory life as well as progression or stability of the impact of the condition over time;
- As relevant to academic performance, a description of the expected progression or stability of the impact of the condition over time; and
- As relevant to academic performance, information regarding kind of treatment and duration and consistency of the therapeutic relationship.
- Documentation must include a specific diagnosis based on the DSM-V or ICD-10 diagnostic criteria, and a specific diagnostic section in the report with a numerical and nominal diagnosis from DSM-V or ICD-10 should be included. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis.
- Alternative diagnoses or explanations should be ruled out. The evaluator must also investigate, discuss and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse as well as educational, linguistic, sensorimotor and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disability.
- Rationale for the requested accommodations must be provided. The evaluator must describe the current impact of the diagnosed psychiatric disorder on a specific life activity as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated academic and residential settings. A diagnosis in and of itself does not automatically warrant approval of the requested accommodations.