



DOCUMENTATION GUIDELINES FOR COMMUNICATION DISORDERS

Assessment Providers

Speech and language disorders refer to problems in communication and related areas such as oral motor function. Communication disorders include stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a student's educational performance. Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, or physical impairments. Speech or language deficiencies resulting from second language acquisition and/or dialectic differences are not considered to be Communication Disorders. A qualified professional should be trained in assessing, diagnosing, and treating Communication Disorders such as a licensed or certified Speech and Language Pathologist.

Assessment Documentation

Documentation must be typed and current within the last three to five years. Documentation must include a comprehensive speech-language assessment that reflects the current impact of the identified impairment on academic performance. If the documentation is not adequate in content or does not address the individual's current level of functioning and need for accommodation(s), additional documentation may be requested. The diagnostic assessment must include:

1. Clinician's name, title, license/certification credentials, phone/fax numbers, address, signature, and date(s) of assessment
2. Summary of clinical interview to include relevant historical information (medical, developmental, educational, and psychosocial)
3. Full results of intelligence testing and a battery of tests that measure both receptive and expressive language development; the names of the tests administered and standard and/or percentile scores for all normed measures (all subtests scores must be reported)
4. Interpretative summary of all instruments used to assess for Communication Disorder
5. A diagnostic statement identifying the disability
6. Evidence of current impact that significantly impair functioning in two or more life activities, in particular the academic setting
7. Treatments, medications, accommodations/auxiliary aids, services currently prescribed in use
8. The expected progression or stability of disability over time
9. Suggestions of reasonable accommodations that might be appropriate at the postsecondary level. These recommendations should be based on significant functional limitations and should be supported by the diagnosis.