

State of Florida  
Department of Health



**Information Booklet**

**Special Testing  
Accommodations for  
Examinees with Disabilities**

**Prepared by  
Practitioner Reporting & Examination Services  
Bureau of Operations  
Division Of Medical Quality Assurance**

Revised 02/2011

## Introduction

**How to Request Special Testing Accommodations:** The Department of Health provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act of 1990 for individuals with documented disabilities who demonstrate a need for accommodation. Examinees are informed of the availability of special testing accommodations in the licensure application instructions or the Special Testing Flyer, which is sent with all licensure applications from the Board office to which the applicant applies for licensure. The **individual** requesting accommodations must personally initiate an application for special testing accommodations. Applications made by a third party (such as an evaluator or medical school) cannot be honored. Applications or requests for applications should be sent to:

**Department of Health  
Bureau of Operations,  
Practitioner Reporting & Examination Services Unit  
ATTN: Special Testing Coordinator  
4052 Bald Cypress Way  
BIN # C-90  
Tallahassee, FL 32399-3290  
(850) 245-4252  
Fax (850) 487-9537**

**Application Submission Deadline:** According to 64B-1.005(3)(a) F.A.C., applications for special testing accommodations must be **postmarked sixty (60) days** prior to the test for which special testing accommodations are required and should be accompanied by the **required documentation**. If the application is submitted after that time, accommodations may not be made. Early requests are encouraged to speed up the process.

**Incomplete applications:** If there is a need for further verification of the disability or the need for further documentation, it is possible that the decision on providing the accommodation will be delayed until the next scheduled test administration.

**Reapplication for Special Testing Accommodations:** An application must be submitted for each examination for which special testing accommodations are required. When an application is requested, one should indicate that special testing accommodations were provided in the past. An expedited application will then be provided. Part II of the application will not be required if Part II is on file and is complete. Send all application requests and applications to the Practitioner Reporting & Examination Services Unit address at the top of this page.

**Change in Disability or Accommodations Requested:** Notification is required if there are any changes in the nature or extent of a disability or if the accommodations will differ from previously provided accommodation. Upon reapplication for special testing accommodations:

- (1) submit a timely application.
- (2) provide detailed documentation that explains any change.
- (3) Provide an updated Part II of the application if changes are extensive. The Department will make the request if a new Part II of the application is necessary

## Confidentiality

To protect **confidentiality**, always send test accommodation information **separately to the above address**. **Do not include these materials with an examination application.**

**Test Accommodations:** Test accommodations include but are not limited to the following:

- (1) Assistance in completing the answer sheet(s) - (Request a scribe).
- (2) Reader.
- (3) Extended testing time.
- (4) Extra or extended breaks (without extended testing time for the examination).
- (5) Large print examination.
- (6) Printed copy of verbal instructions read by the proctor.
- (7) Separate area for testing.

## **Purpose of the Document**

The following information is provided for examinees, practitioners, evaluators, faculty and others involved in the process of documenting a request for test accommodations. We strongly encourage applicants requesting test accommodations to **share these guidelines with their evaluator or with therapists or treating physicians completing Part II of the application.** This will help them assemble the appropriate documentation to support the request for special testing accommodations.

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define a person with a disability as someone with a physical or psychological impairment that substantially limits one or more of the major life activities. The **purpose of documentation** is to validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

**Functional limitation** refers to the behavioral manifestations of the disability that impede the individual's ability to function, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. A special testing candidate's accommodation(s) should "match up" with the identified functional limitation so that the area of impairment is alleviated by an auxiliary aid or adjustment to the testing procedure. For example, a functional limitation might be described as the inability to control fine motor movements so that the individual is unable to fill in computer scanable answer sheets. An appropriate accommodation might be assistance with recording answers. Therefore, it is essential that the documentation provide a clear rationale for the identified functional impairment.

While presumably the use of accommodations in the test activity will enable the individual to better demonstrate his/her knowledge or mastery of the subject, accommodations are not a guarantee of improved performance, test completion or a passing score.

## I. General Guidelines

- A. **Purpose:** The following guidelines are provided to assist in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request is referred to experts in the appropriate area of disability for a fair and impartial professional review. The guidelines are to be **shared** with the practitioner who documents the disability. To support a request for test accommodations, please submit the following:
1. a completed Part I of the Application For Special Testing Accommodation.
  2. a detailed, written statement describing the disability, its severity and its impact on daily life and educational functioning such as test taking.
  3. documentation of the disability on Part II of the application by a qualified practitioner whose scope of practice is relative to the disability and who is licensed pursuant to Chapters 490 (Psychological Services), 458 (Medical Practice), 459 (Osteopathy), 461 (Podiatry), 463 (Optometry), or 468, Part I (Speech Language Pathology and Audiology), Florida Statutes.  
Documentation of the disability by a practitioner in the same field from another state may be made if the practitioner is licensed in that state and was actively practicing the profession at the time the diagnosis was made.
  4. The evaluator's professional credentials, evidence of licensure/certification, area of specialization, employment and the state in which the individual practices should be provided with Part II.
- B. **Guidelines for use in documenting a disability.** Documentation submitted in support of a request for special testing accommodations should be provided using **Part II** of the Special Testing Accommodation Application and is expected to:
1. **state a specific diagnosis of the disability.**  
The diagnostic taxonomies used in the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV-TR) are recommended.
  2. **be current.**  
Because the provision of reasonable accommodations is based on assessment of the current impact of the examinee's disability on the testing activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years.
  3. **describe the specific diagnostic criteria and/or diagnostic tests used, including date(s) of evaluation, test results and a detailed interpretation of the test results.** This description should include the specific results of diagnostic procedures and tests utilized and should include relevant history. Where appropriate, specific test scores should be reported to support the diagnosis. Diagnostic methods used should be current practice within the field and appropriate to the disability. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

4. **describe the individual's limitations due to the diagnosed disability**, i.e., demonstrated impact on functioning and explain the relationship of the test results to the identified limitations that result from the disability. The current functional abilities should be fully described.
  5. **recommend specific accommodations and/or assistive devices** including an explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations. Recommendations should be tied to specific test results or clinical observations when possible.
  6. **establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis**, including information about licensure and certification and specialization in the area of the diagnosis. The evaluator should present evidence of training and direct experience in the diagnosis and treatment of adults in the specific area of the disability.
- C. Prior accommodations:** A history of prior accommodation is helpful in documenting a disability. If no prior accommodations have been provided in testing situations, it is in the candidate's best interest for either the applicant or the qualified professional expert to include an explanation as to why no accommodations were given in the past and why accommodations are needed now.

## II. Physical Disabilities

- A. Purpose:** Documentation of a physical disability is usually straight forward and less difficult than for learning disabilities. A physical examination and a few tests are often sufficient to reach a diagnosis.
- B. The basic steps**
1. The general guidelines apply as they do for any disability.
  2. Documentation must be based on objective evidence of a substantial limitation in physical function. At a minimum, the comprehensive evaluation should include the following:
    - A diagnostic interview and history taking.
    - A physical examination.
  3. A **report of assessment** should be attached to Part II which usually includes:
    - A description of the presenting problem(s).
    - Notes on the physical examination.
    - The tests or procedures used to support the diagnosis.

### III. Psychological Disabilities

- A. **Purpose:** Psychological disabilities are sometimes more difficult to document than physical disabilities. In the interest of expediting your application, the following additional information is provided to clarify the documentation process for applicants submitting a request for accommodations based on a learning disability or other cognitive impairment. **Not all the tests or evaluations may be necessary but this information should be used as a guideline.**

A. **The basic steps:**

1. The general guidelines apply as they do for any disability.
2. Documentation must be based on objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:
  - **A diagnostic interview and history taking**  
Because Psychological disabilities are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and postsecondary education should be investigated and documented when possible. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.
  - **A report of assessment** usually including:
    - (1) A description of the presenting problem(s);
    - (2) A developmental history;
    - (3) Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
    - (4) Relevant family history, including primary language of the home and current level of fluency in English;
    - (5) Relevant psychosocial history;
    - (6) Relevant medical history including the absence of a medical basis for the present symptoms which may include a dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning;
    - (7) Relevant employment history if it is related to the disability.

3. **A psychoeducational or neuropsychological evaluation:** A psychoeducational or neuropsychological evaluation is required providing clear and specific evidence that a learning or cognitive disability does or does not exist. This evaluation may include a comprehensive battery of tests done so that the diagnosis can 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. Minimally, the domains to be addressed must include the following:

- **Cognitive Functioning**

A complete cognitive assessment is essential with **all subtests and standard scores reported**. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability; 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 Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement; The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests-Revised.

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-3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

- **Information Processing**

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude-Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), information from the Woodcock Johnson Psychoeducational Battery Revised: Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.

- **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 co-existing 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.

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

4. **A differential diagnosis** must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out. The differential diagnosis must demonstrate that:
  - Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing, reasoning or cognitive skills.
  - The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.
5. **A clinical summary must be provided.** A well-written diagnostic 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 must be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrates all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:
  - Demonstration that 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 have been ruled out;
  - Indications of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a psychological disability;
  - Indication as to why specific accommodations are needed and how the effects of the specific disability are mitigated by the recommended accommodation(s);
  - The impact the diagnosed psychological disability has on a specific major life activity as well as the degree of significance of this impact on the individual.
6. Problems such as **test anxiety, English as a second language, 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 Americans with Disabilities Act.

#### **IV. Attention-Deficit/Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD)**

- A. **Purpose:** For those applicants submitting a request for accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder, the following additional information is provided to clarify the documentation process:
- B. **The basic steps**
  1. **A qualified diagnostician must conduct the evaluation.** Professionals conducting assessments and rendering diagnoses of ADHD/ADD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD/ADD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's professional credentials, including information about licensure or certification, the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.



2. **Testing/assessment must be current.** A history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time should be provided.
3. **Developmental history should be ascertained and reported:**
  - Family history for presence of ADHD/ADD 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;
4. **Relevant Assessment Batteries.** A neuropsychological or psychoeducational assessment may be necessary in order to determine the individual's pattern or strengths or weaknesses and to determine whether there are patterns supportive of 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 Wechsler Adult Intelligence Scale - III (WAIS-III), memory functions test, 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 process in developing clinical hypotheses. Checklists and/or surveys can serve to 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.
5. **A Review** of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems must be prepared by the evaluator and should include:
  - Evidence of impairment in several life settings (home, school, work, etc.) and that the disorder significantly restricts one or more life activities.
  - Relevant employment history;
  - Description of current functional limitations relative to an educational setting and to the Department in particular that are presumably a direct result of the described problems with attention;
  - A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
  - Exploration of possible alternative diagnoses that may mimic ADHD.

6. **A Clinical Summary Must Be Provided.** A well-written diagnostic summary based on comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- Demonstration of the evaluator’s having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors;
- Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD/ADD;
- Indication of the substantial limitation to learning presented by ADHD/ADD and the degree to which accommodations are being requested (e.g., impact on the program); and
- Indication as to why specific accommodations are needed and how the effects of ADHD/ADD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

**C. Identification of DSM-IV Criteria**

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

1. Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
2. Current symptoms that have been present for at least the past six (6) months.
3. Impairment from the symptoms presents in two or more settings (school, work, and home).

**D. Documentation Must Include a Specific Diagnosis**

The report must include a specific diagnosis of ADHD/ADD based on the DSM-IV 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/ADD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

E. **Each accommodation recommended by the evaluator (practitioner) must include a rationale.** The evaluator must describe the impact of ADHD/ADD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations.

1. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations.
2. Former documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning .
3. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, subject exams, etc.). However, a prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation.
4. If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

F. Because of the challenge of distinguishing ADHD/ADD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or inattentance, a multifaceted evaluation must address the intensity and frequency of the symptoms. Indicate these behaviors which constitute impairment in a major life activity.