

HARFORD COMMUNITY COLLEGE CERTIFICATION OF AUTISM SPECTRUM DISORDER

The student named below has applied for services from Harford Community College's Disability and Student Intervention Services. In order to be able to determine eligibility and what, if any accommodations are warranted, documentation or additional documentation is needed.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities (e.g. learning). *A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations.* The documentation must also support the request for accommodations and explain how the disability impacts learning.

Documentation for Autism Spectrum Disorder consists of this form and a comprehensive evaluation. Requirements for the comprehensive evaluation can be found at the end of this form.

If you are a provider who can only fill out the certification form, please do so. The student will then need to provide additional documentation from another provider.

Please complete the form and attach a comprehensive evaluation. Return by mail or fax to:

Harford Community College
Disability and Student Intervention Services
401 Thomas Run Road
Bel Air, Maryland 21015
Attn: _____
Fax: 443.412.2200
disabilitysupport@harford.edu

Student's Name: _____ Date: _____

Clinician's Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____

Professionals conducting the assessment and rendering a diagnosis must be qualified to do so (e.g. a licensed physician). The provider signing this form must be the same person answering the questions on the form below.

Please note: it is NOT appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

Name of Student: _____ Date of Birth: _____

I, _____, authorize a release of information, allowing the Disability and Student Intervention Services Office at Harford Community College to contact the physician completing this form to obtain additional information or clarification in order to determine reasonable accommodations.

Signature

Date

Harford Community College
Disability and Student Intervention Services
www.harford.edu/dsis

Effective Revision Date: 6/9/2021

P:\Disability Support Services\Forms & Publications\Certification Guidelines\New Certification Forms

DIAGNOSIS:

Date of Diagnosis: _____

Date Last Seen: _____

Please list DSM-V Criteria that the student meets:

In addition to the DSM-V Criteria, how did you arrive at your diagnosis? Please check all relevant items listed below and add brief notes that you feel might be helpful to us as we determine which accommodations and services are appropriate for this student:

- Structured or unstructured interviews with the student
- Interviews with other person(s) (Relation to Student: _____)
- Behavioral Observations
- Psychological Testing
- Developmental History
- Educational History
- Medical History
- Standardized or un-standardized rating scales
 - Name of Instrument: _____
 - Name of Instrument: _____

Other:

Please provide a clinical narrative which describes observations, specific test results, and any information relevant to the disability. _____

FUNCTIONAL LIMITATIONS: How does the student’s condition currently impact his or her functioning? Functional limitations should be determined WITHOUT consideration of mitigating measures (i.e. medication, etc.). If condition is episodic in nature, level of functioning should be assessed based on active phase symptoms.

SEVERITY: Please check.

Mild

Moderate

Severe

Does this condition significantly limit one or more of the following major life activities?

	No Impact	Moderate Impact	Substantial Impact	Unknown
Communicating				
Concentrating				
Hearing				
Learning				
Manual Tasks				
Reading				
Seeing				
Thinking				
Working				
Other:				

Please check the functional limitations or behavioral manifestations for this student:

	Not an Issue	Moderate Issue	Substantial Issue	Unknown
Understanding Nonverbal Behaviors				
Peer Relationships or Emotional Expression				
Cognitive Processing				
Memory				
Processing Speed				
Meeting Deadlines				
Attending Class				
Organization				
Reasoning				
Stress				
Sleep				
Appetite				
Other:				

Please describe in detail any functional limitations that fall into the substantial range.

CURRENT MEDICATION:

Is the student currently taking medication(s) for condition? Yes No

If yes, please list current medication, any side effects and those impacting academic performance.

Medication & Dosage	Side Effects	Academic Impact

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Do limitations/symptoms persist even with medications? If yes, please explain:

COMPREHENSIVE EVALUATION REQUIREMENTS

- 1) The evaluation must be performed by a professional who is certified or licensed in the area of adults with learning disabilities (e.g. School Psychologist, Educational Diagnostician or Psychologist). In addition, the report must be reprinted on professional stationery and a signature from the professional must be included at the end of the documentation.
- 2) A clinical diagnosis is not synonymous with a disability. The documentation must include the student’s specific current functional impairment(s) and describe how the condition substantially limits a major life activity in order for Harford Community College to fully evaluate the necessity for any of the following: academic adjustments, auxiliary aids, and/or auxiliary services.
- 3) Information from diagnostic interview: history of presenting symptoms, developmental history, family history, psychosocial history, academic history, prior psycho-educational test reports and a history of academic adjustments.
- 4) Individuals who are 17 years of age or older must be tested with diagnostic instruments normed for adults.

The evaluation must include the test scores from at least one test from EACH of the following categories:

- I. **APTITUDE:** Assessment of the capacity to learn is needed.
 - The Wechsler Adult Intelligence Scale (WAIS Scales) with subtest scores; or
 - The Woodcock-Johnson Psycho-Educational Battery: Tests of Cognitive Ability; or
 - Stanford-Binet Intelligence Scales; or
 - Kaufman Adolescent and Adult Intelligence Test; or
 - The Differential Ability Scales (DAS); or
 - The Wechsler Intelligent Scale for Children (WISC)
- II. **INFORMATION PROCESSING:** Specific areas of information processing (e.g., short and long term memory; sequential memory; auditory and visual perception/processing; processing speed; processing auditory and phonological information, executive functioning, motor ability) must be assessed.
 - **THE WECHSLER ADULT INTELLIGENCE SCALE-(WAIS)** with subtest scores; or
 - **THE WOODCOCK-Johnson Psycho-Educational Battery: Tests of Cognitive Ability;** or
 - **TEST OF ADOLESCENT LANGUAGE (TOAL);** or
 - **DETROIT TESTS OF LEARNING APTITUDE** (if recently administered)
- III. **ACHIEVEMENT:** Current levels of functioning in reading, mathematics and written language are required.
 - **WOODCOCK-Johnson Psycho-Educational Battery: Tests of Achievement;** or
 - **STANFORD TEST OF ACADEMIC SKILLS (TASK) SCHOLASTIC ABILITIES TEST FOR ADULTS;** or
 - **WECHSLER INDIVIDUAL ACHIEVEMENT TEST (WIAT);** or
 - **SPECIFIC ACHIEVEMENT TESTS SUCH AS THE TEST OF WRITTEN LANGUAGE (TOWL),** Woodcock Reading Mastery Tests, or the Stanford Diagnostic Mathematics Test.

- **THE WIDE RANGE ACHIEVEMENT TEST (WRAT)-Revised** is not a comprehensive measure of achievement and therefore is not suitable for this category

IV. ADAPTIVE BEHAVIOR: If the student has an intellectual disability or is suspected of having an intellectual disability, then adaptive behavior must be assessed.

- **VINELAND ADAPTIVE BEHAVIOR (VABS);** or
- **ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM-(ABAS);** or
- **AAMD ADAPTIVE BEHAVIOR SCALES; OR**
- Vineland Social Maturity Scale; or
- Fairview Developmental Scale; or
- Callier-Azusa Scale; or
- Alpern Bolls Assessment Scale; or
- Other standardized test that assesses the following areas: Communication, Daily Living Skills, Socialization, and Motor Skills

The Test Report must include:

- I. **A written narrative of test results.** Please state specific cognitive processing strengths, weaknesses, and deficits. Please discuss the following processing areas:
 - a. Visual spatial abilities
 - b. Memory (auditory and visual; short-term and long-term)
 - c. Fine motor/dexterity (speed/sequence of motor patterns)
 - d. Executive functions (verbal and nonverbal reasoning)
 - e. Selective attention/perception (auditory and visual)
 - f. A well-written interpretative summary based on a comprehensive evaluative process is required.

- II. **If oral language skills are assessed please discuss formal instruments or informal analysis of a language sample used.**

- III. **Social-emotional assessment is required.** Formal assessment instruments and/or clinical interview are appropriate. If applicable, a mental health diagnosis should be clearly stated.

- IV. **Conclusion** –includes a brief summary of test results, background history and test observations. The conclusion should clearly explain how the condition causes significant impairment in one or more major life activity. It should also include a detailed explanation of how the disorder limits the student’s functioning in an educational setting for learning or taking tests.

- V. **The recommendation section** should include recommendations for accommodations in an educational setting (e.g., extended time because of focusing difficulties, etc.) and indicate the reason these accommodations are warranted if the current treatments are successful. It is helpful if accommodations and strategies are logically related to functional limitations. If connections are not obvious, a clear explanation of their relationship would be helpful. Please note: In reviewing the accommodation requested by the student or recommended by an evaluator, the DSIS office may find that the accommodation is not appropriate given the requirements of a course or program. DSIS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.