

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

REQUEST FOR TESTING ACCOMMODATIONS

(Complete this form ONLY if you have a documented disability or require comfort aids)

If you require testing accommodations for your ARRT®-administered state licensing exam, a completed *Request for Testing Accommodations* form and required supporting documentation must be received at the same time as your examination fee. Examination fees received without such documentation will be processed WITHOUT testing accommodations. A request for testing accommodations cannot be processed after an examination window has been assigned.

NOTE: If you have previously submitted official documentation and have previously been assigned testing accommodations by the ARRT you need not submit new supporting documentation as long as the documentation is dated within the past five years. You MUST, however, complete this form and mail it with your re-certification application every time you wish testing accommodations for your examination. If you were previously provided testing accommodations beyond the past five years, current supporting documentation must be submitted. **Do not submit this form if you do not require test accommodations.**

Documentation of a disability, as defined by the Americans with Disabilities Act (ADA), MUST be provided. To ensure the provision of appropriate accommodations, you must provide current documentation (within the past five years) of your disability. This documentation should provide information regarding the onset, longevity and severity of symptoms as well as a specific description of how they interfere with educational achievement. Assessment of current functioning is necessary.

Submission of incomplete or illegible request forms and/or insufficient supporting documentation will delay the processing of your request. Your examination fee cannot be processed until all supporting documentation is received by the ARRT. (See attached *General Guidelines for All Disabilities* for instructions.)

Information regarding the granting or denial of testing accommodations is not released via telephone. All ARRT communications regarding your request will be made in writing only. To modify or withdraw a request for testing accommodations, please contact the Testing Accommodations Coordinator at 651-687-0048, extension 3155.

Name: _____ ARRT ID#: _____

SS#: _____ Birth Date: _____

Daytime Phone: _____ Home Phone: _____

Official ADA Disability Diagnosis: _____

Documentation within the past five years previously submitted: ___ No ___ Yes

Accommodation(s) Requested:

___ Extra Time ___ Audiotape of Exam ___ Separate Room ___ Other _____
(describe)

Signature _____

How to Request Testing Accommodations

1. Read the General Guidelines for All Disabilities [and, where appropriate, the Guidelines for Learning Disabilities and/or Guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD)] carefully. Share them with the professional evaluator(s) who will be preparing the documentation supporting your request for testing accommodations.
 - Complete the *Request for Testing Accommodations* form. Be sure to sign the request form where indicated.
 - Prepare a personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance; discuss your overall functioning.
 - Make sure the documentation supporting your request for testing accommodations, including your professional evaluator's report and any supporting documentation, contains all of the information required by the General Guidelines [and, where applicable, the Guidelines for Learning Disabilities or Guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD)]. Your evaluation must have been completed within the past five years. Incomplete documentation will delay the processing of your request for testing accommodations.
2. Attach all documentation supporting your request for testing accommodations to your *Request for Testing Accommodations* form.
3. **Send your completed *Request for Testing Accommodations* form and all supporting documentation with your state eligibility approval letter and examination fee to:**

StateRHC
ARRT
1255 Northland Drive
St. Paul, MN 55120

Mail your *Request for Testing Accommodations* form and all supporting documentation in the same envelope or package as your state eligibility approval letter and exam fee to the address above. Candidates mailing documentation separately from their exam payment will not receive testing accommodations.

NOTE: If you have previously received testing accommodations, you do not have to submit the supporting documentation as long as your evaluation was conducted within the past five years however, you are still required to submit the *Request for Testing Accommodations* form EVERY TIME you submit an application to the ARRT. If you do not require test accommodations, do not submit this form with your examination fee and state approval letter.

I. General Guidelines for All Disabilities

The following guidelines set forth the information required to document a need for testing accommodations because of an ADA-qualifying disability – i.e., a disability that substantially limits one or more major life activities.

Candidates must personally initiate a request for examination accommodations by completing and signing the *Request for Testing Accommodations* form, and submitting the form and all supporting documentation with their state eligibility approval letter and fee. All documentation submitted in support of a request for testing accommodations is confidential. No information concerning a request for testing accommodations is released without a written request from the candidate. Testing accommodation requests by a third party (such as an evaluator or educational program) cannot be honored.

To support a request for testing accommodations, a candidate must submit the following:

- The completed and signed *Request for Testing Accommodations* form.
- A professional, detailed and comprehensive written report, and any necessary supporting documentation, describing your disability and its severity, the functional limitations of your disability, and the rationale for the requested testing accommodations. The report must be completed by a qualified professional evaluator and should contain the information set forth below and, where applicable, the information required by the Guidelines for Learning Disabilities and/or Guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD). **The original** report must include the name, title, and professional credentials of the evaluator including information about licensure or certification, as well as, area of specialization, employment, and state in which the individual practices. Professionals conducting the evaluation/assessment must be qualified to do so, and it is essential that they have experience working with adults in the specific area of disability. Reports must be on official letterhead, typed, dated, and have the original signature of the evaluator. Copies are not accepted.
- Any primary documentation necessary to support or supplement the professional evaluator's report (e.g., teacher notes, behavioral observations, medical records, lab reports, etc.). Copies accepted.
- A personal statement by the candidate describing his or her disability and its impact on his or her daily life and educational functioning. The personal statement should not be confined to standardized test performance but should also discuss the candidate's overall functioning.

The following information must be included in the professional evaluator's report and/or any supporting documentation submitted in support of a request for examination accommodations:

A. The report must clearly state the specific diagnosis of the disability.

A professionally-recognized diagnosis for the particular category of disability is required (e.g., the DSM-IV diagnostic categories for learning disabilities.) Terms such as "suggest" or "is indicative of" are not acceptable.

B. A current assessment of the disability.

The provision of examination accommodations is based on an assessment of the current impact of the candidate's disability on the testing activity; therefore, it is important to provide recent documentation.

NOTE: Since the functional limitations caused by a disability may vary over time and in different settings, in most cases, an evaluation should have been conducted within the past five years (e.g., low vision or neuromuscular conditions are often subject to change and should be updated for current functioning.)

C. A description of the specific diagnostic criteria and diagnostic tests used, including the names of any such tests, the date(s) of evaluation, specific test results, and a detailed interpretation of the test results.

This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis (e.g., documentation for a candidate with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.)

Diagnostic methods used should be appropriate to the disability and current professional practice within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

Important note: While school plans such as an Individualized Educational Plan (IEP), Transition Plans, or a doctor's prescription pad note provide useful information, these documents are NOT sufficient documentation.

D. A detailed description of the individual's limitations due to the diagnosed disability (i.e., a demonstrated impact on functioning as related to the ARRT-administered examination) and an explanation of the relationship between the diagnostic test results and the functional limitations resulting from the disability.

The current functional impact on physical, perceptual, and cognitive abilities should be fully described (e.g., a candidate with macular degeneration has reduced central vision which limits the ability to read; a candidate with diabetes may be required to wear an insulin pump.)

If medications are taken, these should be listed as well as their potential side effects that would relate to their testing performance.

E. A recommendation for specific accommodations and/or assistive devices, including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations (e.g., a learning-disabled individual who has difficulty decoding might require an oral rendition of the exam.)

F. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact the disability has 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 and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. A prior history of accommodation, without demonstration of a **current need**, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

G. The professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis.

The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

II. Guidelines for Learning Disabilities

The professional evaluator's report and supporting documentation submitted by candidates seeking testing accommodations because of a learning disability or other cognitive impairment must meet the requirements set forth below **in addition to** the requirements set forth in the General Guidelines.

A. The learning disability must be diagnosed by a qualified professional.

The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.

B. Information demonstrating a history of impaired functioning must be provided.

A developmental disorder such as a learning disability typically originates in childhood and, therefore, information that demonstrates a history of impaired functioning should be provided in addition to information regarding the current functional limitations caused by the disability. (See General Guidelines.)

C. Documentation must be comprehensive.

Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the professional report and supporting documentation must include the following:

1. A diagnostic interview and history taking.

Because learning 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. The professional report and supporting documentation must include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the professional report and supporting documentation should include:

- A description of the presenting problem(s);
- A developmental history;
- 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;
- Relevant family history, including primary language of the home and current level of fluency in English;
- Relevant psychosocial history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- Relevant employment history;
- A discussion of 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; and

- Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

2. Psychoeducational or neuropsychological evaluation.

A psychoeducational or neuropsychological evaluation must be included in the evaluator's report, and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

3. Objective evidence of a substantial limitation based on a comprehensive battery of tests.

An assessment of the candidate's disability and the functional limitations it causes must consist of a comprehensive battery of tests. A diagnosis must be based on the aggregate test results and the candidate's history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

Objective evidence of a substantial limitation to learning must be presented. Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the professional report and supporting documentation must address the following test domains:

a. Cognitive Functioning.

A complete assessment of cognitive functioning 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-III (WJ-III); Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

b. 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 (WJ-R); The Scholastic Abilities Test for Adults (SATA); and Woodcock Reading Mastery Tests-III (WRMT-R). Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information.

NOTE: The Wide Range Achievement Test -3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement; therefore, neither is acceptable if used as the sole measure of achievement.

c. 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 and 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-III (WJ-III); Tests of Cognitive Ability; and other relevant instruments that may be used to address these areas.

d. 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, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

4. A differential diagnosis must be reviewed, and various possible alternative causes for the identified problems in academic achievement should be ruled out.

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

The differential diagnosis must demonstrate that:

- Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing, or reasoning 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 integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

- Demonstration of the evaluator's having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems, and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability;

- Indication of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of the ARRT examination; and
- Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

NOTE: Problems such as test anxiety, English as a second language (in and of itself), 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 ADA.

III. Guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for examination accommodations based on Attention-Deficit/Hyperactivity Disorder (ADHD) must meet the following requirements **in addition to** the requirements set forth in the General Guidelines. Without such written documentation, the candidate will be unable to receive appropriate testing accommodations that may be critical for his/her success.

A. The disability must be diagnosed by a qualified diagnostician.

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title, and professional credentials, including information about license or certification as well as the area of specialization, employment, and state in which the individual practices should be clearly stated in the professional report and/or supporting documentation.

B. Documentation necessary to substantiate the Attention- Deficit/Hyperactivity Disorder must be comprehensive.

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments, and the like are necessary. The professional evaluator's report and any supporting documentation must meet the following requirements:

1. The evaluator is expected to review and discuss DSM-IV diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The evaluator's report and accompanying documentation must include information about the specific symptoms exhibited and document that the candidate meets criteria for long-standing history, impairment, and pervasiveness.
2. A history of the candidate's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that significantly impair functioning in two or more settings.
3. The information collected by the evaluator must consist of more than self-report. Information from third-party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
 - 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 for presence 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 psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
- Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities;
- Relevant employment history;
- 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;
- Exploration of possible alternative diagnoses that may mimic ADHD;
- Description of current functional limitations relative to an examination setting, and to ARRT-administered exams in particular, that are presumably a direct result of the described problems with attention.

C. Relevant Assessment Batteries.

A neuropsychological or psychoeducational assessment may be necessary in order to determine the individual's pattern of 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 tests, 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.

D. Applicable DSM-IV Criteria Must Be Identified.

A diagnostic report must include a review of the DSM-IV criteria for ADHD 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 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 months.
4. Impairment from the symptoms present in two or more settings (school, work, home.)

E. Documentation Must Include a Specific Diagnosis.

The report must include a specific diagnosis of ADHD 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. 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.

Because of the challenge of distinguishing ADHD 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 in attendance, the diagnosis must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

F. A Clinical Summary Must Be Provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

1. 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 non-cognitive factors;
2. 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;
3. Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the candidate in the context for which examination accommodations are being requested (e.g., impact on the administration of ARRT examination.)