



The Australian Council *for* Educational Research

Documentation Requirements - Guidelines for Reasonable Adjustments

Overview

The Australian Council *for* Educational Research (ACER) is committed to ensuring that test takers with disability or health related needs have fair access to educational assessments. This includes a process to access reasonable adjustments to testing conditions. These reasonable adjustments aim to accommodate a test taker with a disability or health related needs to participate equitably in a test. *Please note:* As requests are assessed on a case-by-case basis, some adjustments listed may not be relevant to a test taker's personal situation.

Some examples of reasonable adjustments are available on the Reasonable Adjustments section of the ISAT website at:

<https://isat.acer.org/registration#reasonable-adjustments>. These examples are not exhaustive and should be used for guidance only.

Important information for test takers and medical/health practitioners

ACER reserves the right to:

- request evidence from your medical/health practitioner/s confirming their professional qualifications;
- refer your supporting de-identified documentation to its own medical panel for further opinion; and
- to seek further evidence from you and/or your medical/health practitioners.

Information for Test Takers

General Guidelines

These Guidelines provide information on the documentation that is required to apply for reasonable adjustments for test takers and their medical/ health practitioners. Test takers are encouraged to seek assistance from their medical/health practitioners when collecting documentation. Disability Specific Guidelines relating to mental health or neurodevelopmental disorders can be found at page 3 of this document.

Documentation Requirements

To be eligible for reasonable adjustments, a test taker must provide relevant documentation which includes the following information:

- the disability or health related needs;
- how and to what degree the test taker's ability to undertake the assessment is affected by their disability or health related need; and
- the need and reason for the specific adjustments requested. For example, if additional time to complete the test is being requested, the documentation should state why this is necessary and how this will benefit the test taker.

Supporting documentation related to a test taker's application for reasonable adjustments must:

- be from a registered medical/health practitioner on the practitioner's official letterhead;
- include the date and title, name, registration number, contact details, and signature of the practitioner; and
- not be prepared by a practitioner who is related to the test taker.

Disability specific criteria may apply to certain applications. Please refer to Information for Medical/Health Practitioners on page 4 for further details.

Criteria for Supporting Documentation

The following criteria for supporting documentation are outlined to assist test takers and their medical/health practitioners in preparing applications for reasonable adjustments. ACER will consider any supporting evidence or information that is submitted in the assessment. Test takers are strongly encouraged to provide information that meets the criteria below. This will allow ACER to make informed assessments in a timely manner.

Documentation provided by test taker applying for reasonable adjustments should, wherever possible, meet the following criteria:

1. details of diagnosis including the severity of the condition/disability and associated impairment;
2. information including date when the diagnosis was made and the date of professional's most recent evaluation;
3. detailed information regarding the impact of the disability or condition on the test taker's ability to sit the test under standard testing conditions, including levels of functional limitation resulting from the disability or condition;
4. any additional information about diagnosis, severity and impairment, including use of relevant assessment instruments with established reliability and validity;
5. detailed information, if relevant, on the impact any medications or medical treatments may have on the test taker's ability to sit the test under standard testing conditions;
6. educational, developmental and medical history;
7. recommended adjustments that are justified by an evidence-based rationale, specifying the component/s of the test that the adjustments are requested for;
8. if any, a history of any reasonable adjustments received, the consistency and circumstances of these or an explanation of why adjustments have not been used previously, but are required now; and
9. the Medical/Healthcare Practitioner's professional credentials.

Disability Specific

Guidelines

In addition to the criteria listed under 'Criteria for Supporting Documentation' above, there are additional requirements that are relevant to mental health or neurodevelopmental related needs as outlined below. It is recommended, wherever possible and relevant, that the supporting documentation includes the components specified in the table located on page 4 of this document.

Mental Health Conditions

Mental health encompasses emotional functioning, self-concept, thinking, behaviour and interpersonal functioning. Problems in any of these domains if persistent (for example, lasting beyond a couple of weeks) may reflect a mental health condition. Symptoms that are associated with impairment or a high level of distress, or which persist beyond a couple of weeks may reflect a mental illness or disorder.

Examples include but are not limited to:

- Generalised Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Depressive Disorders

Documentation requirements:

- where possible, include a diagnosis and detailed information regarding how the diagnosis is derived and address relevant diagnostic criteria according to the most recent edition of a recognised classificatory system such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD). Results of any Diagnostic Tools/Instruments, Screening Tools, Symptom Measures or Measures of Disability and Impairment should be included, if relevant. Some examples of the acceptable instruments are outlined on page 4 of this document. Where a mental health condition does not meet criteria for a mental disorder, symptoms and any related impairment should be described in detail;
- indicate the severity of your condition/s and impairment such as Mild, Moderate, and Severe in accordance with the categorisation of severity outlined in the most recent edition of classification systems such as DSM or ICD or results of a disorder specific measure or general measure of disability such as Short Form 12 or World Health Organisation Disability Assessment Scale, or the Royal Australian and New Zealand College of Psychiatrists Guidelines;
- should outline, if relevant, the impact any medications or medical treatments may have on your ability to sit the test under standard testing conditions; and
- be no more than one year old. For progressive or unstable conditions, it is recommended that more recent documentation is obtained.

Neurodevelopmental disorders

Neurodevelopmental disorders reflect problems related to brain structure or function that typically manifest early in development, often before the child enters primary school, and are characterised by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence.¹

Examples include but are not limited to:

- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum disorder
- Specific Learning Disorders (for example, Dyslexia and Dyscalculia)

Documentation requirements:

- indicate the severity of the test taker's condition/s and impairment such as Mild, Moderate, and Severe in accordance with the categorisation of severity outlined in the most recent edition of classification systems such as DSM or ICD;
- not be more than 5 years old;
- be current. Test takers who are 20 years of age or older and have had an assessment during their teen years must submit an updated assessment; and
- be detailed. Reports that are limited in scope and content are not accepted. An example of such a report is the one where the diagnosis is based on one screening test or evaluation of needs based on the interpretation of results from one single subset or self-reports only.

¹ Diagnostic and Statistical Manual of Mental Disorders, 5th edition (2013) with amendments

What if the supporting documentation is more than a year old or is out of date?

If this is the case, new or updated supporting documentation needs to be submitted. An appropriately qualified medical/health practitioner must prepare an update which must include the following information:

- statement of the current diagnosis including the date/s for all prior related diagnoses and the basis/data which were used to establish each diagnosis confirming that the statement is still applicable to you as you are today; and
- updated information meeting the above guidelines and criteria regarding the disability or health-related conditions to ensure the reasonable adjustments application is current in each aspect.

Information for medical/health practitioners

Professional credentials

Practitioners conducting assessments, making diagnoses, offering clinical judgements, and making recommendations for reasonable adjustments must be appropriately qualified in respect of the subject matter on which they are opinioning. It is expected that appropriately qualified professionals will have qualification/s that include comprehensive training, relevant expertise in the specialty, appropriate licensure and/or certification.

Mental Health Conditions:

- Medical practitioners and/or psychologists should:
 - have undertaken relevant training courses or
 - have other bases for recognition of expertise in assessment and treatment of mental health conditions.

Neurodevelopmental disorders:

- Psychologists should be able to demonstrate relevant expertise such as:
 - Area of Practice Endorsement in educational and developmental psychology or clinical neurodevelopmental psychology or
 - experience in diagnosis of neurodevelopment disorders including Specific Learning Disorders.
- Psychiatrists should
 - hold a Certificate of Advanced Training in Child and Adolescent Psychiatry or
 - be a member of the Faculty of Child and Adolescent Psychiatry or
 - be adult psychiatrists who can demonstrate expertise in the assessment and treatment of neurodevelopmental disorders, for example, specific training or membership of the Section of Neuropsychiatry.

Supporting documents

Acceptable instruments are listed in the table below. Please note that this list is not exhaustive.

Supporting documents for mental health conditions				Supporting documents for Neurodevelopmental disorders
Results of any Diagnostic Tools/Instruments, Screening Tools, Symptom Measures or Measures of Disability and Impairment should be included, if relevant. Some of the acceptable instruments are listed below.				
Diagnostic tools/instruments <ul style="list-style-type: none"> • Composite International Diagnostic Interview (CIDI) World Health Organisation consistent with DSM-5 or ICD-10; • The Mini International Neuropsychiatric Interview; • Structured Clinical Interview for DSM (SCID) DSM-5; • Anxiety Disorders Interview Schedule-Revised (ADIS-R); and • Personality Disorders Examination (PDE). 	Screening Tools <ul style="list-style-type: none"> • Attention Deficit Disorder Self Report Scale (ASRS); • Edinburgh Post Natal Depression Scale (EPND); • Psychosis Screening Questionnaire (PSQ); • Mood Disorder Questionnaire (MDQ); and • Alcohol Use Disorders Identification Test (AUDIT). 	Symptom Measures <ul style="list-style-type: none"> • Hamilton Rating Scales for Anxiety and Depression (HAM-A and HAM-D); • Beck Anxiety and Depression Inventories (BAI, BDI); • Montgomery Asberg Depression Rating Scale (MADRS); • Kessler 10 (K-10); • Yale Brown Obsessive Compulsive Scale (YBOCS); • Hospital Anxiety and Depression Scale (HADS); • Depression Anxiety and Stress Scale (DASS); • Symptom Checklist 90 (SCL-90); • Brief Symptom Inventory (BSI); • Positive and Negative Symptom Scale (PANSS); • Brief Psychiatric Rating Scale (BPRS); • Social Anxiety Scale (SAS); • Patient Health Questionnaire (PHQ); and • Generalised Anxiety Disorder 7-item scale (GAD-7). 	Measures of Disability and Impairment <ul style="list-style-type: none"> • Short Form 12 (SF-12) • Sheehan Disability Scale • World Health Organisation Disability Assessment Scale (WHODAS) 	Diagnostic reports <ul style="list-style-type: none"> • Wechsler Adult Intelligence Scale (WAIS-IV) (for individuals aged 16-90); • Wechsler Individual Achievement Test II or III (for individuals aged 4 - 19); • Wechsler Intelligence Scale for Children - Australian and New Zealand Standardised IV or V (for individuals aged 6-16); • Woodcock-Johnson IV (Cognitive and achievement) (for individuals aged 2 - 90); • Autism Diagnostic Observation Schedule (ADOS-2) • Autism Diagnostic Interview (ADI-R); and • Conner's Adult ADHD Raging Scales (the CAARS)