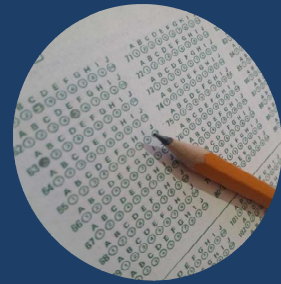


Advocacy in Action

How to Clearly Communicate Test Accommodation Recommendations

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Advocacy in Action: How to Clearly Communicate Test Accommodation Recommendations

Learn how to advocate for your client through effective communication when making recommendations for test accommodations.

At the conclusion of this program, participants will be able to...

- Explain the importance and impact of individualized advocacy in test accommodation requests.
- Describe functional limitations using observable and measurable language based on clinical observations or data.
- Connect functional limitations to reasonable and appropriate test accommodations.
- Formulate recommendations that draw upon clinical observations or empirical data to substantiate the presence of functional limitations and clearly articulate how the proposed accommodations will promote equitable access to assessments.

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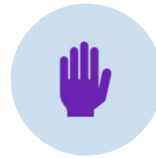
Workshop Culture



Camera on or off is a personal choice.



Feel free to step away as needed.



Participation is encouraged, not required. Please save questions until the end.



Curiosity over certainty.

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When you make recommendations for test accommodations...

- What information do you prioritize?
- What feels most challenging to balance?
- What helps you feel confident in your recommendation?

Today's presentation is about how we approach these questions consistently and transparently.

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Brief Overview of Accommodations

- The Americans with Disabilities Act of 1990, as Amended (ADA) defines disability as a physical or mental impairment that substantially limits a person's ability to perform one or more major life activities, as compared to most people in the general population.
- Accommodations
 - Purpose of Accommodations = Access
- Reliable and valid interpretation of test scores



(ADA, 1990)

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Functional Limitations as Core Criteria

- The ADA is function-focused and accommodations are functional interventions tied to:
 - A diagnosed condition
 - A demonstrable functional limitation
 - A specific testing demand



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Access vs. Comfort

Functional Intervention (Accommodation)

- Addresses a documented inability to access test conditions
- Targets test-specific barriers
- Necessary for test access
- Grounded in functional evidence

Supportive Gesture (Comfort Measure)

- Reduces discomfort or distress
- Improves subjective experience
- Helpful but not necessary
- Grounded in preference or distress

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Why Functional Limitations are the Driving Criterion

- Protection against clinical errors:
 - Over-pathologizing
- Anchoring in functional limitations helps reduce:
 - Bias
 - Overreliance on self-report
 - Partial data consideration
 - Overinterpretation of test scores
 - Preference-based accommodation reasoning
- Preserves test validity and equity

(Harrison & Sparks, 2022; Suhr & Johnson, 2022)

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Connecting Impairment and Accommodations to Functional Limitations

- Diagnostic label alone does not automatically necessitate an accommodation
- Test-Relevant Functional Limitations
 - Consider:
 - What specific function breaks down during this test?
 - When does it break down?
 - How does that breakdown interfere with test access?
 - Ensure the description of functional limitations is observable, measurable, and relevant to testing demands
 - Diagnosis explains *why someone struggles*
 - Functional limitations explain *what breaks down*
 - Accommodations are *how we address identified challenges*

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Connecting Objective Data to Functional Limitations

- Describe how test results translate into difficulty taking a timed, standardized exam
 - Functional limitation explaining what breaks down
- Integrate behavioral observations including:
 - Test behavior
 - Effortful compensation strategies
 - Decline in efficiency over time
- Emphasize how collectively the data converges on a diagnosis (**why** someone struggles) and provides evidence of a functional limitation (**what** breaks down), which in turn impacts testing. Provide recommendations for accommodations (**how** we address the identified challenge).

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Neurodevelopmental Disorders

- History of difficulties
- Objective evidence
 - Variability in cognitive and academic achievement is normal
 - Weaknesses relative to a general population standard
 - Real-world impact
 - Across settings
- Cannot be better explained by other factors

(Alfonso & Flanagan, 2018; American Psychiatric Association, 2022; Fletcher, et al., 2019; Gerard, 2023; National Association of School Psychologists, 2011; National Joint Committee on Learning Disabilities, 2010; Ruffalo & Ghaemi, 2023; Sattler, 2014)

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Effective Documentation Should...

- Objectively demonstrate a developmental history of impairment (e.g., report cards, childhood evaluation, etc.)
- Provide quantifiable evidence of impairment
- Address any other factors that may better explain the identified impairment (e.g., language acquisition, lack of appropriate instruction, anxiety, depression, etc.)
- Explain how the impairment impacts access to a standardized test
- Provide a clear rationale, based on objective evidence, for why the accommodation is needed to access the standardized test

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Effective Documentation Example - Nick

DSM-5-TR Diagnosis: Attention-Deficit/Hyperactivity Disorder

- A review of report cards shows teacher comments across years and classes that reflect concerns with sustaining attention across extended periods, needing to move frequently, and completing assignments.
- Collateral information from Nick's parents, a friend, and a coworker reveal a longstanding history of forgetting tasks, needing reminders to do things, being disorganized, and taking frequent breaks.
- When meeting with the Nick, he frequently paused in the middle of a sentence as if searching for what to say. He was late to the appointment and hadn't completed intake paperwork, having lost some of the pages. After speaking for 30 minutes, Nick asked for a break.
- During standardized testing, impairments manifest as difficulty maintaining consistent focus over extended periods and reduced persistence on extended tasks, resulting in incomplete sections and incorrect answers, despite adequate knowledge.

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Effective Documentation Example - Nick

- Accommodation rationale:
 - Additional break time provides Nick with more opportunities to refresh his attention, move and expel energy, and reduce fatigue caused by sustaining attention.

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Effective Documentation Example - Quinn

DSM-5-TR Diagnosis: Specific Learning Disorder with impairment in reading comprehension

- A review of elementary report cards reveals that Quinn received reading support with a reading specialist in 3rd through 5th grade. Their high school and undergraduate transcripts reveal predominantly C grades, with some course failures and withdrawals.
- They demonstrated performance below the 25th percentile on standardized tests (e.g., SAT, ACT, etc.).
- Quinn demonstrated reading comprehension skills substantially below age expectations on multiple standardized assessments of reading comprehension. It was observed during the evaluation that they reread the passage three to four times and vocalized their thought process before providing an answer.
- Quinn reports that when they are reading, they need to reread multiple times and utilize comprehension support strategies, such as taking notes or highlighting.

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Effective Documentation Example - Quinn

Accommodation recommendation and rationale?



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Common Challenges in Psychiatric Advocacy

- Diagnosis does not dictate accommodation type
 - Diagnosis is treated as justification rather than context
 - The same diagnosis may justify different accommodations across individuals
- Reliance on self-report
- Symptoms are internal and difficult to observe
- Emotional distress is conflated with functional impairment
- Limited translation of clinical symptoms into testing behavior
- Different accommodations may be appropriate depending on context
- Functional impact determines necessity

(Aspelund et al., 2025; Gkintoni & Suarez, 2023; Goodman et al., 1989; Hepsomali et al., 2019; MSD Manual Professional Edition, 2025; National Center for PTSD, 2025; Stein et al., 2013; U.S. Department of Justice, 2020)

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Effective Documentation Should...

- Provide a personalized description of the individual's symptoms
 - Frequency, intensity, duration
 - Any relevant observations within treatment setting as well as self-report
- Clear description of the current functional impact
 - Translate personalized symptoms into test-relevant behaviors
 - Functional limitations are observable and/or measurable, current/ongoing, and relevant to the testing demands
- Provide a clear rationale for why the recommended accommodation is needed to access the standardized test

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Effective Documentation Example - Alex

DSM-5-TR Diagnosis: Posttraumatic Stress Disorder

- Alex reports chronic hyperarousal, intermittent dissociative responses, and recurrent nightmares (with difficulty falling back to sleep).
- She was observed to have a flattened affect when discussing an experienced trauma. While describing what happened, she stared blankly for approximately 15 seconds and then reoriented by asking what she had just said.
- During one session, there was construction going on outside and she jumped following a loud noise.
- She reports relationship strain with her long-term partner over the last 8 months and has been on a medical leave from school.
- Dissociative symptoms cause her to lose focus and become disoriented.
- Hyperarousal when around other people and sleep disturbances lead to fatigue, as well as a diminished capacity to cope with anxiety.

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Effective Documentation Example - Alex

- Accommodation rationale:
 - Individual testing setting removes triggers that may be caused by other people.
 - Additional testing time mitigates the impact of fatigue and lost time due to dissociative episodes.
 - Additional break time provides Alex with more time to utilize coping strategies and reset between testing blocks.

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Effective Documentation Example – Jordan

DSM-5-TR Diagnosis: Obsessive-Compulsive Disorder

- Jordan reports a history of difficulty with completing tasks due to trying to find the “right” word to use and rewriting and re-highlighting for neatness.
- Tests are difficult because he must reread until it feels “just right.” Even when he knows the answer to a question, he must read the question 3+ times before selecting an answer. He must then check that the correct answer was selected multiple times.
- He also experiences compulsions tied to specific numbers or timing and mentally rehearses or repeats numbers related to tasks.
- If a ritual is interrupted, his anxiety increases and he must start over.

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Effective Documentation Example - Jordan

Accommodation
recommendation
and rationale?



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Key Takeaways for Effective Advocacy

- Appropriate diagnosis provides clinical context
- Symptoms and their impact on functioning are clearly described
- Functional limitations are supported by clinical and converging evidence
- Functional limitations are current/ongoing and relevant to the testing demands
- Proposed accommodations reduce disability-related barriers without altering exam constructs

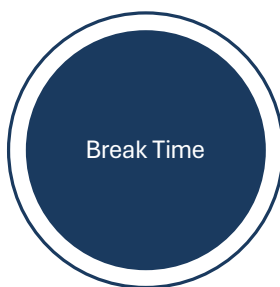
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Common Pitfalls to Effective Advocacy

- Only providing the diagnosis
- Unclear basis for a diagnosis
- Generalized instead of personalized information and recommendations
- Description of symptoms and functional impact limited to tests only
- Functioning compared to an inappropriate standard
- Unclear link between functional impairment and recommended accommodations
- Unclear why accommodations are needed now (i.e., in the context of a history of good performance or functional improvement)

Tip: Most testing agencies post guidelines for accommodation requests

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PRACTICE MAKES PERFECT

Breakout Groups

Practice writing recommendations with provided case information. Focus on including clear rationale based on functional limitations.

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Group 1 - Maya

DSM Diagnosis: Autism Spectrum Disorder (Level 1)

- Maya demonstrates longstanding difficulties with social communication, including reduced eye contact, limited use of gestures, and a monotone speaking style. She reports significant cognitive effort is required to interpret others' facial expressions and implied meaning.
- During sessions, Maya asks for clarification of questions multiple times and appears uncertain when questions are phrased abstractly or contain idiomatic language.
- She depends heavily on consistent daily routines and becomes visibly upset when plans change unexpectedly, such as a shift in her schedule or a last-minute change to an activity. She also has difficulty following spoken directions in everyday settings without written reminders or visual supports.
- Sensory sensitivities are evident; Maya repeatedly covered her ears in response to ambient noises (e.g., HVAC system, hallway movement) and required redirection to reorient to tasks.

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Group 2 - Daniel

DSM Diagnosis: Mild Neurocognitive Disorder Due to Traumatic Brain Injury

- Daniel sustained a moderate traumatic brain injury three years ago following a motor vehicle accident, with ongoing cognitive sequelae despite physical recovery.
- He reports frequent difficulty sustaining mental effort over extended tasks and describes episodes of mental “fog,” particularly when required to process large volumes of information quickly.
- During assessment, Daniel required repetition of instructions and showed reduced efficiency as testing progressed, with increased response latencies and observable mental fatigue.
- He demonstrated intact basic knowledge but inconsistent retrieval, often stating he “knew it earlier” but could not access the information under time pressure.

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Group 3 - Elena

DSM Diagnosis: Generalized Anxiety Disorder

- Elena reports persistent anxiety accompanied by physiological arousal, including muscle tension, restlessness, and sleep disruption (difficulty falling asleep due to worry and waking during the night), leading to daytime fatigue.
- She describes GI symptoms that fluctuate throughout the day, noting increased discomfort when schedules are unpredictable or when she feels pressured to perform without opportunities to pause or regroup.
- During sessions, Elena frequently seeks reassurance (e.g., asking whether she is answering questions “the right way”).
- Behavioral observations indicate that when physical anxiety symptoms emerge, Elena shows reduced efficiency, including slower responding, hesitation before answering, and momentary disengagement from conversations while attempting to manage symptoms (e.g., taking deep breaths).

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Group 4 - Priya

DSM Diagnosis: Bipolar II Disorder

- Priya reports a history of recurrent depressive episodes characterized by slowed cognition, reduced initiation, and significant mental fatigue, alternating with periods of increased energy and distractibility.
- At the time of our last session, she was in a depressive phase and presented with slowed speech, long pauses before responding, and difficulty organizing her thoughts verbally.
- Behavioral observations showed that Priya required additional time to read and respond to questionnaire items and appeared overwhelmed when multiple questions were presented in quick succession.
- She described difficulty sustaining consistent effort, noting that her speed and accuracy decline as testing continues, particularly during later sections.
- These mood-related cognitive fluctuations result in inconsistent performance speed and reduced endurance during prolonged, high-stakes testing situations.

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Group 5 - Lucas

DSM Diagnosis: Tourette's Disorder

- Lucas exhibits both motor and vocal tics that increase in frequency during periods of stress, cognitive demand, or sustained concentration.
- During sessions, he demonstrates repeated eye blinking, head jerks, and brief vocalizations, which temporarily interrupted his task engagement.
- He reported expending significant mental effort attempting to suppress tics when in quiet or structured environments, which diverts attention away from a task.
- When tics occur, Lucas may lose his train of thought and needs time to reorient.
- Lucas reports fatigue after prolonged effort and he has presented as visibly fatigued during sessions that are scheduled for later in the day.

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