

National Commission for the Certification of Crane Operators (NCCCO)

NCCCO GUIDELINES FOR DOCUMENTING A REQUEST FOR TEST ACCOMMODATIONS

The following guidelines will assist applicants in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities.

To request accommodations, please submit the following:

- 1) A completed NCCCO Application for Test Accommodations.
- 2) A detailed, comprehensive written report from a qualified professional describing your disability and its severity and explaining the need for the requested accommodations.

The report should:

-State a **specific diagnosis** of the disability using professionally recognized nomenclature, e.g., American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV-TR); International Classification of Diseases (ICD-10).

-**Be current.** Because the provision of accommodations is based on the current impact of the disability on the testing activity, the evaluation should have been conducted no more than three (3) years prior to the request for accommodations.

-Clearly describe the **specific diagnostic criteria** and name the diagnostic tests used, including date(s) of evaluation; list specific test results; and provide a detailed interpretation of the **test results** in support of the diagnosis. Be sure to include all **relevant educational, developmental and medical history**.

- Give a detailed description of the applicant's **current functional limitations** due to the diagnosed disability and an explanation of how the diagnostic test results relate to the identified functional limitations. **Fully describe how the disability impairs physical, perceptual and/or cognitive functioning, especially in the workplace.**

-**Recommend specific accommodations** including assistive devices. Provide a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified

functional limitations on the specific examination for which they are requested.

- **Report any accommodations** the applicant currently uses in daily functioning, especially work-related activities and any past accommodations the applicant received on examinations because of the disability.

- Provide **contact information and credentials** of the professional evaluator that qualify him/her to make the diagnosis, including information about professional license or certification and specialization in the area of the diagnosis. The dated report must be written on the professional evaluator's letterhead and clearly indicate the name, address, telephone number and qualifications of the professional. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

- 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. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a similar accommodation.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Additional Information for **Learning and Cognitive Disabilities**

1. The evaluation must be conducted by a qualified professional with thorough training in the field of learning disabilities.

-Testing conducted as part of the comprehensive psychoeducational assessment should be no more than three (3) years old. (See General Guidelines).

- A developmental disorder such as a learning disability originates in childhood and therefore, school history and other information which demonstrate a history of impaired functioning should be included. Wherever possible, actual school records, psychological reports and other objective historical information should be provided.

2. Documentation must be comprehensive. The report should include a comprehensive history-taking with relevant background information and appropriate test data to support the diagnosis, including the following:

- a description of the presenting problem(s);
- a developmental history
- relevant academic history including results of prior standardized testing, school reports and notable trends in academic performance;
- relevant family history, including primary language of the home and current level of fluency in English;
- relevant medical and employment history;
- a differential diagnosis, exploring and ruling out possible alternative or co-existing mood, behavioral, neurological and/or personality disorders which may impact the individual's learning;
- a comprehensive battery of age-appropriate, normed diagnostic tests.
- a diagnosis based on a convergence of all test data, 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.

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 outcome on a test are not learning disabilities and are not covered under the Americans with Disabilities Act.

Additional Information for **Attention Deficit/Hyperactivity Disorder**

The evaluation must consist of more than patient observations and self-report. Information from third party sources is critical in the diagnosis of adult ADHD. The evaluation and report 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;
- 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;

- Description of current functional limitations 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.
- Test scores or subtest scores from a neuropsychological or psychoeducational assessment may be helpful in determining the individual's pattern of strengths or weaknesses and in determining whether there are patterns supportive of attention problems. However, test scores alone cannot be used as the sole basis for the diagnostic decision.

The report must include a specific diagnosis of ADHD based on the DSM-IV-TR diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the 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 test failure, low self-esteem and chronic tardiness or poor attendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.