



## 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 candidates with disability, mental health or other health related conditions and those who are neurodiverse have equitable access to educational assessments. Candidates can apply to access reasonable adjustments to testing conditions to support their participation in the test.

#### What is a 'Reasonable Adjustment'?

Reasonable Adjustments are changes made to the test conditions to ensure that candidates with disability can participate on the same basis as their peers. They are determined on an individualised basis based on supporting medical documentation provided. They include provision of additional time, alternative formats, use of technology or enabling staff. Further examples of test adjustments are available on the Reasonable Adjustments section of the Literacy and Numeracy Test for Initial Teacher Education website at: <https://teacheredtest.acer.edu.au/register/reasonable-adjustments>.

Please note that these examples are not exhaustive and as requests are assessed on a case-by-case basis, some adjustments listed may not be relevant to a candidate's personal situation.

**Note:** A Reasonable Adjustment is different from Special Consideration which is a post-test adjustment and/or review of test results and *is not* available for this test

## Information for candidates

### General Guidelines

These Guidelines provide information on the documentation that is required to apply for reasonable adjustments for candidates and their medical/health practitioners. Candidates 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 access reasonable adjustments, candidates **must** provide relevant documentation which would allow ACER to make a decision about provision of reasonable adjustments. It will assist ACER if the supplied documentation includes the following:

Information about:

- the disability, mental health or health related condition.
- how and to what degree the candidate's ability to undertake the assessment is affected by their disability, mental health or health related condition; 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 required and *how* this will support the candidate.

It will also assist ACER if supporting documentation related to a candidate's application for reasonable adjustments;

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

**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 candidates 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. Candidates are strongly encouraged to supply information that meets the criteria below. This will allow ACER to make informed assessments in a timely manner.

*NB: Documentation that does not meet the documentation requirements (above) or the preferred criteria (below) would not necessarily prevent a candidate from being able to access reasonable adjustments. However, it may mean that ACER would take additional time, and require additional documentation, in order to reach a decision about reasonable adjustments.*

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

### Diagnosis and Impact:

1. details of **diagnosis** including the severity of the condition/disability and associated impact.
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 candidate'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 impact, including use of relevant assessment instruments with established reliability and validity.
5. detailed information, if relevant, on the **impact of medications** or medical treatments may have on the candidate's ability to sit the test under standard testing conditions.

### Recommended Adjustments:

6. **recommended adjustments** supported by an evidence-based rationale, specifying the component/s of the test such as Literacy or Numeracy that the adjustments are requested for, and/ or
7. 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.

### Currency:

8. Submitted documentation should ideally be current to facilitate ACER assessing your application and determining appropriate reasonable adjustment supports. in a timely and efficient manner.

This means:

- **for learning disabilities**, ideally, the submitted documentation should contain a copy of a registered health or educational psychologist's report (no more than 5 years old). Where this is not available, the submitted documentation may contain a report older than 5 years which is accompanied by a recent letter (no more than one year old) from a registered health/educational psychologist stating that the information in the report is still applicable today.
- **for other types of disability, mental health or health-related conditions**, the medical documentation should ideally be less than one year old.

**Note:** *Documentation older than one year may be accompanied by a statement from your registered health/medical practitioner of your current diagnosis including the date/s for all prior-related diagnoses and the basis/information which was used to establish each diagnosis confirming that the information is still applicable today.*

- your disability or health-related condition is life-long and unchanging and / or if you are unable to supply documentation that is current (as defined above), please include relevant non-current medical information in your application, and ACER will assess your application based on that information.

## Information for candidates

### Disability Specific Guidelines

In addition to the criteria listed under 'Criteria for Supporting Documentation' above, there are other 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 found on page 5 of this document.

#### Mental Health Conditions

Examples include but are not limited to:

- Anxiety (e.g. Generalised Anxiety, Agoraphobia)
- Bipolar
- Depression

#### Supporting Documentation requirements:

Where possible, include a **diagnosis and information about the severity of the condition** such as mild, moderate and severe based on one of the diagnostic tools listed in **Table 1** (page 5 of this document) or a detailed description of symptoms and related impacts.

Documentation should outline, if relevant, **the impact any medications or medical treatments** may have on your ability to sit the test under standard testing conditions.

#### Neurodiversity and Neurodevelopmental Conditions

Examples include but are not limited to:

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Autism and Aspergers
- Specific Learning Disability (for example, Dyslexia and Dyscalculia)

#### Supporting Documentation requirements:

Documentation should indicate the **diagnosis and severity** of the 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 listed in **Table 1**.

See above for information about currency of supporting documentation.

Documentation should be **detailed**. Psychologist reports that are limited in scope and content are not accepted, if the limitations mean that the documentation does not allow ACER to reach a decision about reasonable adjustments. An example of such a report is 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.

#### **Please note:**

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.
- to seek further evidence from you and/or your medical/health practitioners.

#### Privacy

All personal information supplied to ACER reasonable adjustment purposes will be handled in accordance with the [Privacy Statement](#).

## Information for medical/health practitioners

### Diagnostic Tools and 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 opining. 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.

#### Acceptable diagnostic tools include:

- 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.
- Reports should indicate the severity of 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;

#### **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
  - demonstrate expertise in the assessment and treatment of neurodevelopmental disorders, for example, specific training or membership of the Section of Neuropsychiatry.

#### Acceptable diagnostic tools

Listed in the **Table 1** below.

### Table 1: Assessment Tools

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

<b>Supporting documents for Mental Health Conditions</b>				<b>Supporting documents for Neurodevelopmental Conditions</b>
Results of any Diagnostic Tools/Instruments, Screening Tools, Symptom Measures or Measures of Disability and Impairment should be included, if relevant. These include but are not limited to the following:				
<b>Diagnostic tools/instruments</b> <ul style="list-style-type: none"> <li>• Composite International Diagnostic Interview (CIDI) World Health Organisation consistent with DSM-5 or ICD-10.</li> <li>• The Mini International Neuropsychiatric Interview.</li> <li>• Structured Clinical Interview for DSM (SCID) DSM-5.</li> <li>• Anxiety Disorders Interview Schedule-Revised (ADIS-R); and</li> <li>• Personality Disorders Examination (PDE).</li> </ul>	<b>Screening Tools</b> <ul style="list-style-type: none"> <li>• Edinburgh Post Natal Depression Scale (EPND).</li> <li>• Psychosis Screening Questionnaire (PSQ).</li> <li>• Mood Disorder Questionnaire (MDQ). and</li> <li>• Alcohol Use Disorders Identification Test (AUDIT).</li> </ul>	<b>Symptom Measures</b> <ul style="list-style-type: none"> <li>• Hamilton Rating Scales for Anxiety and Depression (HAM-A and HAM-D).</li> <li>• Beck Anxiety and Depression Inventories (BAI, BDI).</li> <li>• Montgomery Asberg Depression Rating Scale (MADRS).</li> <li>• Kessler 10 (K-10).</li> <li>• Yale Brown Obsessive Compulsive Scale (YBOCS).</li> <li>• Hospital Anxiety and Depression Scale (HADS).</li> <li>• Depression Anxiety and Stress Scale (DASS).</li> <li>• Symptom Checklist 90 (SCL-90).</li> <li>• Brief Symptom Inventory (BSI).</li> <li>• Positive and Negative Symptom Scale (PANSS).</li> <li>• Brief Psychiatric Rating Scale (BPRS).</li> <li>• Social Anxiety Scale (SAS).</li> <li>• Patient Health Questionnaire (PHQ).</li> <li>• Generalised Anxiety Disorder 7-item scale (GAD-7).</li> </ul>	<b>Measures of Disability and Impairment</b> <ul style="list-style-type: none"> <li>• Short Form 12 (SF-12)</li> <li>• Sheehan Disability Scale</li> <li>• World Health Organisation Disability Assessment Scale (WHODAS)</li> </ul>	<b>Diagnostic reports</b> <ul style="list-style-type: none"> <li>• Wechsler Adult Intelligence Scale (WAIS-IV) (for individuals aged 16-90).</li> <li>• Wechsler Individual Achievement Test II or III (for individuals aged 4 - 19).</li> <li>• Wechsler Intelligence Scale for Children - Australian and New Zealand Standardised IV or V (for individuals aged 6-16).</li> <li>• Woodcock-Johnson IV (Cognitive and achievement) (for individuals aged 2 - 90).</li> <li>• Autism Diagnostic Observation Schedule (ADOS-2).</li> <li>• Autism Diagnostic Interview (ADI-R).</li> <li>• Conner's Adult ADHD Rating Scales (the CAARS).</li> <li>• Attention Deficit Disorder Self Report Scale (ASRS).</li> </ul>