



Documentation Guidelines for Test Takers with Physical Disabilities and Chronic Health Conditions

Office of Disability Policy
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I. Preface

ETS recognizes the importance of periodic review of documentation guidelines to ensure that they reflect current practice and professional standards, developments in the field and recent guidance from the Department of Justice. This edition (2025) of the ETS Documentation Guidelines for Test Takers with Physical Disabilities and Chronic Health Conditions incorporates the previous editions and introduces other changes based upon many years of experience with test takers with physical disabilities and chronic health conditions.

II. Introduction

ETS is committed to providing reasonable testing accommodations for test takers with documented disabilities as recognized under the ADA Amendments Act of 2008 (ADAAA). We review requests for accommodations on a case-by-case basis according to established policies and practices, which ensure that people with disabilities have equal access to ETS tests. This document provides guidance to test takers with physical disabilities and/or chronic health conditions who are requesting accommodations. It also provides guidance to evaluators regarding the documentation of physical disabilities and chronic health conditions and the linking of accommodation requests to disability-related functional limitations.

You may refer to <https://www.ets.org/disabilities/test-takers.html> for helpful information on requesting accommodations, registering for a test and scheduling a test date. You can also use the “For Test Takers” page for a list of common accommodations, information on where to find bulletins for the test(s) you plan to take, how to determine if documentation is needed to support requested accommodations, and how to register, pay for and schedule the test(s).

To provide more information for your evaluators or other relevant professionals, please direct them to <https://www.ets.org/disabilities/evaluators.html>.

III. Documentation Details

Who should conduct an evaluation and what identifying information is important?

Professionals conducting assessments, rendering diagnoses, offering clinical judgments specific to the test taker about physical disabilities or chronic health conditions and/or making recommendations for accommodations should be qualified to do so. Professional qualifications should include both (1) appropriate training and expertise in the relevant specialty and (2) appropriate licensure/certification.

Qualified health care providers or evaluators are defined as those licensed or certified individuals who evaluate and diagnose physical disabilities or chronic health conditions.

These individuals include physicians, surgeons, chiropractors, optometrists, audiologists, physical therapists, speech therapists, neuropsychologists and other relevantly trained health care professionals qualified to make such diagnoses. The health care professional who provides the documentation (i.e., report, letter, etc.) should have personally evaluated or examined the test taker. Documentation may be provided from multiple sources when a clinical team approach employing a variety of professionals has been used.

A diagnosis of a physical disability or chronic health condition documented by a family member will not be accepted consistent with prevailing professional and ethical standards, even when the family member is otherwise qualified by virtue of training and licensure or certification. The issue of dual relationships, as defined by various codes of professional ethics, should be considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

Finally, the name, title and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment and the state(s) or province(s) in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed on professional letterhead, dated and signed. Documentation should also indicate whether the evaluation/examination was conducted in person or via telehealth. Additionally, evaluations and/or treatments conducted via telehealth should indicate the respective locations of the examiner and test taker at the time of the telehealth session.

How recent should documentation be?

Although some individuals have longstanding or permanent diagnoses, many physical disabilities and chronic health conditions manifest differently at different times. Therefore, test takers are encouraged to submit documentation from a qualified professional that clearly: (1) indicates the test taker's disability-related functional limitations as they apply to the current testing situation; and (2) provides a rationale for each requested testing accommodation that is directly linked to the test taker's disability-related functional limitations.

If the nature of the medical condition is episodic or transitory (e.g., lupus, chronic fatigue syndrome, etc.), then ETS encourages test takers to submit documentation that addresses the frequency and duration of the test taker's functional limitations and need for the requested accommodations as they apply to the current testing situation. In some instances, it may be helpful for a relevant letter from a qualified professional to address why previous, more detailed documents continue to be applicable to the current testing situation. The nature, severity and extent of the test-taker's condition and the functional limitations as they relate to test taking should be addressed. Additionally, self report of the test taker's lived experience and documentation of prior accommodation history may also be helpful.

If the condition is of a permanent or unchanging nature (e.g., cerebral palsy, diabetes), then disability documentation does not need to include an extensive listing of test instruments. A simple statement from a qualified professional should suffice as long as it indicates that the functional impact of the disability or chronic health condition is unchanging or permanent.

What documents should I submit?

In most cases, documentation should be based on an appropriate diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. In addition to a history of presenting symptoms, relevant developmental and historical data, date of onset, duration and severity of the disorder, the diagnostic report (i.e., or letter) should include the following components:

A. Specific diagnosis. Qualified professionals are encouraged to cite any specific objective measures used to establish the diagnosis(es). The clinician should use definitive language in the diagnosis of a physical disability or chronic health condition. When more speculative language is used (i.e., “suggests”, “is consistent with” or “could have problems with”, etc.), it is helpful for the clinician to state clearly the disability-related functional limitations that are likely to impact the test taker in the current testing situation as well as the basis for this determination.

B. Description of current functional limitations. This would include daily life activities in academic and/or employment environments, with the understanding that a physical disability or chronic health condition usually presents itself across a variety of settings.

C. Medical information. This would include describing how the current functional limitations restrict the condition, manner or duration of the test taker’s performance of a major life activity.

D. Side effects from prescribed medications and therapies. A positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations. Should the test taker be experiencing side effects, a list of relevant side effects, prescribed medications, and frequency of use may be helpful.

E. Rule-out of other possible explanations. A statement which cites other possible explanations that have been explored and ruled out (e.g., other health concerns, etc.) is also helpful as is the basis for this determination.

A rationale for each accommodation or device should be included.

A. A link should be established between each requested accommodation and the individual’s functional limitations as they apply to the current testing situation. It is helpful when clinicians and qualified professionals are specific regarding the disability-related rationale for the requested accommodation(s).

B. A diagnosis alone does not necessarily warrant approval of requested accommodations. For example, although migraine headaches are painful and distressing, the possibility that a test taker is going to have a migraine is not a disability. Information regarding the frequency, intensity and duration with which the condition or symptoms occur is often helpful in accommodation determination.

C. Medical devices may need advance approval as an accommodation or may be pre-approved items that do not need formal accommodation approval. If a test taker requires the use of a medical device related to their health condition, it is helpful for the relevant healthcare professional to provide a brief rationale which verifies this.

D. Snacks and/or beverages needed in the testing room require advance approval. However, those that are only accessed during stop-the-clock breaks do not.

E. Given the nature of certain diagnoses, it may be appropriate for qualified professionals to recommend as an accommodation additional stop-the-clock breaks for medical routines (e.g., checking blood sugar, stretching, taking medication, toileting, etc.). Often, extra breaks may better accommodate a given disability-related functional limitation than would extended testing time.

F. Documentation regarding prior history of accommodation approval and/or use provides valuable information. If a test taker has not used accommodations in the past, it is helpful to explain why accommodations were not needed previously and why they are now being requested.

Multiple diagnoses.

When physical disabilities or chronic health conditions occur in combination with other disabilities (e.g., attentional, psychiatric, sensory and/or learning disabilities), test takers may provide documentation for one or more disability categories depending upon the accommodations being requested (i.e., requested accommodations should be directly linked to functional limitations related to a specific disability or disabilities). This document provides guidelines for establishing the impact of physical disabilities and chronic health conditions on an individual's educational or work performance and for verifying the need for testing accommodations. When multiple diagnoses are relevant, evaluators should consult the respective "ETS Documentation Guidelines" regarding each condition.



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