

UNIVERSITY OF MARYLAND Office of Disability Support Services Baltimore Area Resources for Diagnostic Testing & Services for LD, ADD, and Psychological Disabilities

The University of Maryland, Baltimore does not test for or diagnose learning disabilities. Students who suspect they may have a learning disability, ADD or a psychological condition may contact a local clinician who provides diagnostic testing and/or services. The University of Maryland disability documentation guidelines are located at the end of this document. You are encouraged to share these guidelines with the clinician who administers your testing.

Please note that this listing is not comprehensive. It is provided for informational purposes only and not an endorsement of any particular provider. You are encouraged to call providers and ask questions about services and fees.

Adolescent & Adult Language & Literacy Clinic/ Karen Fallon, Ph.D.

Towson University Speech-Language-Hearing Clinic Towson, MD 21252 (410) 704-3095 <u>kfallon@utowson.edu</u>

Comprehensive assessments to diagnose reading or writing disorders; provide therapy for college students struggling with reading, organizing, and/or writing.

Eva Anderson, Ph.D.

Riverside Professional Building 540 Riverside Dr., Suite #2 Salisbury, MD 21801 (410) 548-7883 Basic psycho-educational testing at reduced rate.

Adult ADD Center/David W. Goodman, M.D., Director

10751 Falls Road, Suite 306 Lutherville, MD 21093 410-583-2726 <u>www.addadult.com</u>

Diagnosis and treatment of adult ADD and co-existing disorders. Comprehensive evaluation, neuropsychological testing, organizational skills, coaching/psychotherapy, medication.

Susan Bartels, Ph.D., NCSP 28 Allegheny Ave, Suite 507

Towson, MD 21204 301-395-4754 <u>Sbartels2009@gmail.com</u> *Comprehensive neuropsychological evaluations, LD and ADHD assessments.*

Thomas Baumgardner, Ph.D.

Pediatric and Adult Neuropsychology 8422 Bellona Lane, Suite 205 Towson, MD 21204 410- 583-0011 phdbaumgardner@aol.com

LD and ADHD evaluations, autism spectrum, experience with evaluations required for standardized tests (e.g. LSAT, MCAT, BAR exam), individual therapy.

Myra Burgee, Ph.D.

Applied Counseling and Psycho-educational Services 932 Hungerford Dr., Suite 5B Rockville, MD 20850 (301) 933-2374 <u>MLBuree@verizon.net</u> *Psycho_aducational avaluations to access for a learning o*

Psycho-educational evaluations to assess for a learning disability, ADHD, processing deficit, psychological condition (e.g., anxiety, depression).

Chesapeake ADHD Center of Maryland

Kathleen G. Nadeau, PhD, Center Director 8607 Cedar Street Silver Spring, MD 20910 301-562-8448 <u>www.chesapeakeadd.com</u> *ADHD and LD assessments, counseling and ADHD coaching. Reduced fees and payment plans for students with financial need.*

Cornerstone Psychological Services

Dr. Catherine Neal, Clinic Director Hawthorne Office Park 10808 Hickory Ridge Road Columbia, MD 21044 (410) 730-8877 *Neuropsychological and psychological testing; inquire about sliding fee scale.*

Crossroads Psychological Associates

Dr. Daniel Zimet 10784 Hickory Ridge Road Columbia, MD 21044

www.crossroadspsych.net

LD and ADHD assessments at sliding fee scale.

George Washington University

Meltzer Psychological Services Center 2125 G Street, N.W. Washington, DC 20052 (202) 994-9072 Psycho educational testing for learning disabilities and ADHD; sliding fee scale.

Leslie Hollins, Ph.D.

Clinical Psychology 502 Baltimore Ave Towson, MD 21204 (410) 484-6700 Intake, testing, and feedback provided; Evaluations and assessment include: LD, ADD/ADHD, Anxiety, Speech and Language, Executive Functioning, Autism Spectrum.

Kennedy Krieger Institute

KKI Outpatient Educational Evaluation Services 707 North Broadway Baltimore, MD 21205 443-923-9400 http://www.kennedykrieger.org/patient-care/patient-care-centers/development-and-learningcenter/programs-services/educational-eval College Clinic Evaluations for LD and ADD assessment; experience with psycho-educational evaluations to document the need for accommodations on standardized exams (e.g. GRE, MCAT, LSAT), consultation services.

Long and Associates

Dr. Thomas Long, Ph.D. Dr. Jean Barton 6307 Kenhowe Drive Bethesda, MD 20817 (301) 229-6126 (301) 897-8487 Psycho-educational evaluations; preferred provider for Blue Cross Blue Shield.

Loyola Clinical Centers

Janet Simon-Schreck, Ph.D. 5911 York Road, Suite 100 Baltimore, MD 21212 (410) 617-1200 www.loyola.edu/clinics/MDAC *Comprehensive psycho-educational assessments using an interdisciplinary approach. Sliding fee scale.*

Mental Health Center at Gallaudet University

William Kachman, Ph.D., Director
800 Florida Avenue, N.E.
Washington, D.C. 20002
201-651-6080
<u>Rachel.mingo@gallaudet.edu</u>
<u>www.mhc.gallaudet.edu</u> *Psycho-educational assessment for LD, ADD and psychiatric accommodations for hearing and deaf/hard of hearing individuals. Sliding fee scale.*

Psych Associates of Maryland

J. Peter Aines, Ph.D. Arthur MacNeill Horton, Jr., Ed.D. 120 Sister Pierre Drive Towson, MD 21204 *Neuropsychological and psychological testing, LD and ADHD evaluation, post traumatic stress disorder. Sliding fee scale. Accepts most insurance.*

Deborah A. Shawen, MS, CAS

Tracey Hannah, Med, LCPC 304 West Chesapeake Ave Baltimore, MD 21204 410-321-5612 <u>shawen@shawenhannah.com</u> *Psycho-educational testing, LD and ADHD assessments and diagnosis, coaching for ADHD and executive functioning.*

University of Maryland

The Psychology Clinic Colleen Byrne, Ph.D., Director 2114 Biology-Psychology Building College Park, MD 20742 (301) 405-4808 http://www.bsos.umd.edu/psyc/clinicalpsyc/clinic/

Diagnostic consultation; LD, ADHD and psychological assessments, neuropsychological assessment, individual therapy. Sliding fee scale.

GENERAL DOCUMENTATION GUIDELINES

The guidelines for documentation below are utilized to enhance consistency and provide students and professionals with the information needed to assist students in establishing eligibility for services and receiving appropriate reasonable accommodations. The guidelines are broad enough to allow for flexibility in accepting documentation from a range of perspectives given the different educational environments within the University of Maryland's Schools on the Baltimore campus.

1. The credentials of the evaluator.

The University of Maryland, Baltimore does not test for or diagnose learning or other disabilities for the purpose of classroom or exam accommodations. Documentation must be completed by an external licensed or otherwise properly credentialed professional who has appropriate training and experience, and has no close, personal relationship with the student being evaluated. A good match between the credentials of the individual making the diagnosis and the disability being reported is expected (e.g., an orthopedic limitation might be documented by a physician but not by a licensed psychologist). All reports should be typed, dated, presented on the evaluator's letterhead, and signed.

2. A diagnostic statement identifying the disability.

Documentation must include a clear diagnostic statement identifying the disability and the date of the most current diagnostic evaluation, as well as the date of the original diagnosis, as appropriate. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description can also convey the necessary information.

3. A description of the diagnostic methodology used.

Documentation must include a description of the current diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative interpretation. Where appropriate to the nature of the disability (e.g., learning and cognitive disorders) the report should contain both summary data and specific tests scores.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are expected. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal or non-standardized methods of evaluation are reported, a clear explanation of their role and significance in the diagnostic process should be included.

A student seeking a reasonable accommodation for a learning disability must provide professional testing and evaluation results which reflect the student's current level of processing information and current achievement level. The criteria necessary to establish a student's eligibility for learning disability adjustments or modifications are: (1) average or above average intelligence as measured by a standardized intelligence test which includes assessment of verbal and non-verbal abilities; (2) the presence of a cognitive-achievement discrepancy indicated by a score on a standardized test of achievement which is 1.5 standard deviations or more below the level corresponding to a student's sub-scale or full-scale IQ; (3) the presence of disorders in cognitive or sensory processing such as those related to memory, language, or attention; and (4) an absence of other primary causal factors leading to achievement below expectations such as visual or auditory disabilities, emotional or behavioral disorders, a lack of opportunity to learn due to cultural or socio-economic circumstances, or deficiencies in cognitive ability.

4. A description of the <u>current</u> functional limitations.

Documentation must include information on how the disability currently impacts the individual. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. Documentation should be thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the disability.

While relatively recent (within 3 years) documentation is recommended in most circumstances, older documentation of disabilities that are permanent or non-varying will be accepted. Likewise, changes in the disability and/or changes in how the disability impacts the individual as a result of growth and development may warrant more frequent updates in order to provide an accurate picture. Additionally, if changes in accommodations are needed, updated documentation may be required. In other words, the recency of the documentation depends on the facts and circumstances of the student's disability and the accommodations requested.

5. A description of the expected progression or stability of the disability.

Documentation must provide information on expected changes in the functional impact of the disability over time and context, if the disability is cyclical or episodic in nature (e.g., bipolar disorder, some chronic medical conditions). Information regarding known or suspected environmental triggers to episodes can be helpful in anticipating and planning for varying functional impacts. If the disability is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for reevaluation are most helpful.

6. A description of current and past accommodations, services and/or medications.

Documentation should include a description of both current and past accommodations, services, medications, auxiliary aids and assistive devices, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance can be helpful. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. Recommendations for reasonable accommodations and services.

Documentation should include recommendations for accommodations and services. Recommendations from professionals with a history of working with the student can provide valuable information for review and planning. The recommended accommodations and services should be logically related to the student's functional limitations.

While the University of Maryland has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the institution's courses, programs and services may be appropriate. The University of Maryland may substitute another accommodation, if it is considered to be effective and parallel to the one recommended and/or requested. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and services.