



Documentation Guidelines for Test Takers with Autism Spectrum Disorder

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 (2026) of the ETS Documentation Guidelines for Test Takers with Autism Spectrum Disorder incorporates the previous edition and introduces other changes based upon many years of experience with test takers with autism spectrum disorders (ASD).

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 ASD who are requesting accommodations. It also provides guidance to evaluators regarding the documentation of ASD 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>.

Definition

“Autism Spectrum Disorder” (ASD) is a neurodevelopmental disorder ranging from mild to severe and characterized by core features of social/communication deficits (i.e., including emotional reciprocity) and repetitive/restrictive behaviors. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) combines previously distinct but overlapping subtypes (i.e., Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder) into one category. All people with ASD share the core features of the disorder; however, each individual manifests developmental, cognitive, emotional and/or behavioral aspects of the condition uniquely.

Distinct from the Autism Disorder diagnosis, but related to it, is the new diagnosis of social (pragmatic) communication disorder (SCD) which was added to the DSM-5/DSM-5-TR. People with SCD have average to above average intellectual ability and substantial difficulty communicating effectively. They have impaired ability to use verbal and nonverbal communication for social purposes, which also impacts their ability to socialize and sustain relationships age-appropriately.

While primarily a disorder of social and pragmatic communication, SCD also impacts academic and employment domains. Symptoms of SCD include difficulty developing, acquiring and using spoken as well as written language. The ability to respond appropriately and reciprocally to conversation is also impaired. Characteristics of SCD are present in early childhood; however, the full extent of the impairment may not be recognized until later ages when speech, language and social communication demands become more complex and magnify the underlying deficits. Like individuals with ASD, people with SCD also have impaired communication abilities; however, they typically do not have restricted, repetitive patterns of behavior, interests and/or activities. ETS recognizes the SCD diagnosis and also that some individuals previously diagnosed with Asperger's Disorder or Pervasive Developmental Disorder prior to the DSM-5 and International Classification of Diseases - 11th Edition (ICD-11) may now be "newly" diagnosed with SCD instead.

III. Documentation Details

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

A qualified professional, with demonstrated training and experience in the assessment of ASD in adolescents and adults, should conduct the evaluation. An appropriately trained and licensed clinical psychologist, school psychologist, neuropsychologist, psychiatrist, developmental pediatrician, neurologist or other comparable professional is generally considered qualified to evaluate and diagnose ASD.

Autism spectrum disorder can be difficult to diagnose because its symptoms overlap with many other neurological and psychiatric conditions (e.g., OCD, generalized anxiety disorder, social anxiety disorder, bipolar disorder, complex trauma, ADHD, etc.). Additionally, ASD may manifest very differently depending upon an individual's age and developmental stage. Consequently, adolescents and adults often see multiple specialists and receive a variety of diagnoses en route to an accurate ASD diagnosis. For this reason, it is essential that diagnostic evaluations are conducted by professionals with substantial training and clinical experience in this domain. A multi-disciplinary assessment approach, while not required, is often most effective for the diagnosis and treatment of individuals with ASD. Team members may include neurologists, developmental pediatricians, neuropsychologists, clinical psychologists, school psychologists, psychiatrists, speech and language therapists, occupational therapists and physical therapists.

The name, title and professional credentials of the evaluator should be clearly stated in the documentation. This information should include licensure and/or certification, as well as the areas of specialization, employment and the state or province in which the individual practices. Evaluations conducted by tele-assessment or via a hybrid of tele-assessment and in-person assessment should indicate which parts of the evaluation were conducted in person and which parts were conducted remotely. Remote assessments should state the geographic location(s) of the evaluator and the test taker at the time of evaluation. For additional information, please see ETS Tele-Assessment Guidance, <https://www.ets.org/pdfs/disabilities/tele-assessment-guidance.pdf>. All reports should be on letterhead, typed in English, dated, signed and otherwise readable.

How recent should documentation be?

In order for a determination to be made regarding reasonable accommodations, documentation should verify the functional impact of the disability as it relates to the current test-taking situation. A diagnostic evaluation completed within the past five years and/or when the test taker was at least 16 years of age may be helpful as is information regarding the test taker's longer standing history of disability.

What should be included in an evaluation?

A. Sources of Information

- A list or brief narrative paragraph of all sources of information used in the evaluation. Consistent with prevailing clinical standards, this includes but is not limited to: (1) records personally reviewed by the evaluator (i.e., IEPs, Section 504 plans, employer performance reviews, school transcripts, prior evaluation reports, medical records, standardized test results, etc.); and (2) information from third-party informants who were either interviewed or completed questionnaires, inventories, etc.

B. A Summary of a Clinical Interview and Behavioral Observations Including

- A history of presenting problems associated with the disability as well as information about the test taker's developmental, medical, social, educational, vocational and family history; a discussion of pre-existing or co-existing conditions (i.e. behavioral, medical, neurological, psychiatric, etc.); any history of medication use that may affect the individual's learning or test-taking performance; and the date of diagnosis, duration and severity of the disorder. Information from collateral informants is especially valuable, i.e., core features of ASD may make the clinical interview and evaluation situation highly anxiety provoking and may also impact the self-monitoring of affected individuals.
- A history of social skills, social relationships and social anxiety, if applicable. Social skills history should include (but not be limited to) the ability to read nonverbal cues, to engage in conversational reciprocity, to take another's perspective, and to code switch (i.e., adjust social behavior and communication according to context). Social relationship history should address the ability to form and maintain relationships with peers as well as those older or younger.
- A history of repetitive, restrictive behaviors or interests, if applicable.
- A history of sensory sensitivities or sensory integration difficulties. These may include unconventional sensory thresholds in modalities related to hearing, vision, smell, touch, movement, etc.
- A qualitative description along with examples of the applicant's behaviors during the evaluation. These may include test-taking behaviors and any strategies used in the testing as well as mental stamina, fatigue, attention/concentration, etc. Particular emphasis

should be placed upon social skills, social relatedness, social communication pragmatics, social anxiety, and restrictive, repetitive behaviors or interests exhibited in the evaluation setting/process in addition to any sensory sensitivities or indications of sensory integration difficulties.

C. Psychometric Assessment and Objective Data

- Objective data in the evaluation which reflects disability-related functional limitations that impact learning and/or test taking — or which impact the test taker in the assessment situation. Assessment should consist of a suitably comprehensive, individualized, standardized, and norm-appropriate battery that reflects the functional limitations associated with the requested accommodations. The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual needs of the test taker, sound clinical judgment and prevailing professional practices.
- Domains commonly assessed in an ASD evaluation may include cognitive abilities, executive functioning, attention/memory/learning, expressive language, social pragmatics, psychiatric/psychological/behavioral, sensory-motor integration, perceptual motor skills, graphomotor skills, and academic achievement.
- Tests that are reliable, valid, and standardized for use with an adolescent/adult population; and, whenever possible and appropriate, the most recently normed edition of the test should be used. In rare instances, it is clinically acceptable to use a previous edition of a test or a test with a norm group that does not align with the test taker's age, grade, etc. When a previous edition of the test is used or when "out-of-norm" testing is clinically indicated, the evaluator should explicitly state this in the narrative and should provide a clinical rationale for why this choice was made. The test findings should document both the nature and severity of the autism spectrum disorder.
- Informal inventories, surveys and direct observation by a qualified professional may be used along with formal tests and often help to provide a clearer understanding of the test taker.
- Standard scores and/or percentile ranks for all measures administered (i.e., composite scores and subtests). The data should reflect and directly link a substantial limitation to learning for which the test taker is requesting the accommodation. The particular profile of the test taker's strengths and weaknesses should be directly linked to functional limitations that necessitate accommodations (i.e., accommodations are determined on the basis of functional limitations associated with a diagnosis, not on the basis of a diagnosis itself). In addition to scores reported in the evaluation narrative, a score table(s) of standard scores and/or percentile ranks for all measures administered (i.e., composite scores and subtests) is recommended.

D. A Clear Diagnosis and Statement of Disability (i.e., functional limitations)

- A clear diagnostic statement, in accordance with the most recent edition of the DSM or ICD, and a discussion of functional limitations related to the autism spectrum disorder. The

evaluation should describe both the nature and severity of the autism spectrum disorder. The evaluator should also describe the impact that ASD has on major life activities across multiple domains (e.g., school, employment, interpersonal relationships, etc.) including the significance of this impact on the individual's learning and test taking in particular.

- Rule outs. It is important to rule out alternative explanations for problems in learning, such as emotional, psychiatric, attentional, medical, situational or motivational factors in addition to medication effects that may be interfering with learning but do not constitute an autism spectrum disorder. If the clinical and objective data do not support the presence of an autism spectrum disorder, the evaluator should state that conclusion in the report.

E. A Rationale for Each Accommodation Recommended by the Evaluator

- Specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The data should reflect a substantial limitation to learning, test taking, or navigating the test-taking situation for which the applicant is requesting the accommodation. The evaluator should support recommendations with a rationale based upon objective data (i.e., specific test results) and/or clinical observations.

F. An Interpretive Summary

Many of the core features of ASD and their related functional limitations are not easily captured in test scores. Therefore, the interpretive summary of an evaluation report should also highlight clinical data and observations that go beyond test scores. It should convey a sense of how the individual's ASD and related functional limitations impact the way that they interact with their environment. This should not only include a focus on academic performance in a testing situation. Equally important, it should also address how their functional limitations may impact their ability to navigate the multiple demands of a test-taking situation (e.g., sensory, social, ability to deal with unexpected changes that may arise, etc.). Generally, an interpretive summary should include:

- A well-written summary that integrates objective data with the current reason for referral, the test taker's history (i.e., including records reviewed and information from third party informants) and behavioral observations of the test taker during the evaluation to support a diagnostic formulation. The diagnosis and interpretive summary require professional judgment and should address:
 - how patterns in clinical and objective data are used to determine the presence of an autism spectrum disorder;
 - the substantial limitation to learning and/or test-taking behavior presented by the autism spectrum disorder and the degree to which it affects the individual in the testing context for which accommodations are being requested; and
 - why specific accommodations are needed on the test and how disability-related functional limitations are addressed by the recommended accommodations.

What if the submitted documentation is insufficient for current accommodation determination?

If the submitted documentation does not provide sufficient information for current accommodation determination, a re-evaluation or a documentation update may be submitted.

A documentation update for ASD is a brief report or narrative by a qualified professional that includes a summary of the previous disability documentation findings as well as additional clinical and observational data to establish the test taker's need for the requested testing accommodations. Observational data gathered during the recent clinical interview, including affect, concentration, attention, mental stamina, emotional reciprocity, reading of nonverbal cues, restrictive and repetitive behaviors, executive functioning, sensory integration and personal hygiene may be helpful. The updated evaluation need not include a full battery of tests. However, it should include selected neuropsychological and adaptive measures deemed appropriate — along with academic measures — to support and directly link disability-related functional limitations with requested accommodations.

In addition to documentation from a professional, any information from the applicant that helps to clarify and/or illustrate the need for the requested accommodation(s) in the current testing situation is also welcome. This might include a personal statement from the test taker that explains how the disability affects learning, test taking and performance.

The following are general recommendations for information to provide in a documentation update:

- a restatement of the current diagnosis accompanied by supporting documentation, if available, including date(s) for all prior diagnoses and data that were used to establish the diagnosis;
- verification of continuing weaknesses in those areas identified in prior evaluation(s);
- a statement from a professional who has worked with the test taker about how the test taker's functional limitations may impact the current test-taking situation;
- observational data from the test taker's clinician, a disability service professional and/or a work supervisor regarding relevant behaviors such as ease of work production, test taking and/or the general impact of the autism spectrum disorder;
- a history of the accommodations the test taker has received and the consistency and circumstances of their use (e.g., type of test for which accommodations have been most helpful), or an explanation of why accommodations have not been used previously but are needed now; and
- a discussion of the appropriateness of the requested accommodations for the specific ETS test which the test taker is applying to take.

When is a documentation update particularly helpful?

No exact combination of factors ultimately determines whether a more in-depth reevaluation or documentation update would be the most appropriate documentation to submit. The following factors should be considered by test takers and the professionals with whom they work to make this determination:

- the test taker's age at the time of first diagnosis and the consistency of the test taker's functional limitations over time;
- the number of previous evaluations which include appropriate measures and methods;
- the availability of documentation from educational institutions, workplaces or testing agencies confirming the prior use of accommodations;
- the presence of co-occurring or co-morbid disorders that interact or compound the autism spectrum disorder; and
- the clinician's ability to address the above listed essentials of documentation update effectively without additional evaluation (i.e., a statement of why a more in-depth evaluation or "testing" would be otherwise redundant or burdensome)

IV. Conclusion

ETS is committed to providing equal access to our assessments for all test takers. If you have been diagnosed with ASD and believe you need accommodations for equal access during the standardized testing process, ETS will review the information you provide and will work with you to identify any additional documents that will be helpful to make a timely determination regarding your request for reasonable accommodations. We welcome the opportunity to engage in discussions with test takers who have disabilities to determine reasonable accommodations on a case-by-case basis.



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