

## **Guidelines for Documentation of Attention Deficit Disorder and Attention Deficit-Hyperactivity Disorder**

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, "otherwise qualified" individuals with disabilities are protected from discrimination and assured equal access to educational programs. In order to establish that an individual with a disability is covered under the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning. The following guidelines are provided to help the evaluating professional document findings in a manner that meets the requirements of the ADA and supports the request for accommodations, academic adjustments and/or auxiliary aids.

### **Documentation must be submitted by a qualified evaluator**

To qualify for services, a student must provide documentation of his or her disability as determined by a professional with training in differential diagnosis. The following professionals, who also have direct experience with an adolescent or adult ADHD population, would generally be considered qualified to evaluate and diagnose ADHD: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. **Diagnostic reports must be on letterhead and include the name, title and professional credentials of the evaluator.**

### **Evaluation must be current**

In most cases, this means the evaluation was completed within the past three years. Since assessment of the current impact of the disability on academic performance constitutes the basis for determining all reasonable accommodations in the college setting, it is in a student's best interest to provide recent and appropriate documentation. When documentation is incomplete a reevaluation may be requested. Further assessment may be required if co-existing learning disabilities or other disabling conditions are indicated. In cases where observed changes are noted or new medications have been prescribed, an updated evaluation report may be needed. The update should include a detailed assessment of the current impact of the ADHD, an interpretive summary of relevant information, and the previous diagnostic report.

### **Evaluation must be comprehensive**

### **Summary of Procedures and Instruments**

An assessment report must include a summary of procedures and instruments used to make the diagnosis.

### **Evidence of early impairment**

Because the onset of ADHD occurs in childhood, and manifests itself in more than one setting, a **clinical summary of relevant historical information is essential to the diagnosis**. This should include:

- Objective, historical information establishing symptomology indicative of ADHD throughout childhood, adolescence and adulthood as garnered from transcripts, report cards, teacher comments, tutoring evaluations, past psychoeducational testing, and third party interviews when available
- Developmental history, including family history for presence of ADHD and other learning, physical, or psychological difficulties as deemed relevant by evaluator
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
- A thorough academic history and review of prior psychoeducational test reports, which include standard scores, to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems.

### **Evidence of current impairment**

The individual's presenting attentional symptoms should be provided and explored, as obtained by a diagnostic interview and third party sources. The source of the evidence of current impairment should consist of more than self-report, as information from third party sources is critical to the diagnosis of ADHD. A discussion of this information should include:

- Evidence of ongoing impulsive/hyperactive or inattentive behaviors that has significantly impaired functioning over time in two or more settings, and
- A description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention

### **Rule out of alternative diagnoses or explanations**

The evaluator must investigate and discuss the possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, and/or personality disorders which may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual which may result in behaviors mimicking an Attention-Deficit/Hyperactivity Disorder.

### **Relevant testing is particularly important in determining the current impact of the disorder**

Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or selected subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. Selected subtest scores

from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. Checklist or survey results alone also are not adequate for an ADHD diagnosis and do not substitute for clinical observations and sound diagnostic judgment. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

### **DSM-IV Criteria and Specific Diagnosis**

A diagnostic report should include a review and discussion of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present. The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report only problems with organization, test anxiety, memory and concentration in selective situations do not fit the proscribed diagnostic criteria for ADHD.

### **Interpretive Summary**

An interpretive summary based on a comprehensive evaluation process is a necessary component of the documentation. Because ADHD is in many ways a diagnosis that is based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential that professional judgment be utilized in the development of a summary, which should include:

1. Demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors such as lack of environmental support.
2. Indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
3. Indication of whether or not the student was evaluated while on medication, and whether or not there is a positive response to the prescribed treatment;
4. Indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and
5. Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

The determination of reasonable accommodations rests with the Access office, which is the University's designated service provider for students with disabilities.

Accommodations are always individually determined. Once the Access office receives documentation, the student has a responsibility to make an appointment to discuss his/her eligibility to receive accommodations and appropriate referral for support services. While documentation is always the most important factor in determining the provision of "reasonable" accommodations, other factors must be considered during the decision-making process. These include the student's interest in receiving an accommodation, the

academic demands in a particular class, the availability of educational supports in that class, the student's response to medications, as well as the student's development of effective strategies over time.

A prior history of accommodations, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodations were provided, the qualified professional should include a detailed explanation of why no accommodations were used in the past and why accommodations are needed now.

This documentation was written by the Consortium on ADHD Documentation (copyright 1998). Consortium members include Loring C. Brinkerhoff, Chairperson (Educational Testing Service), Kim M. Dempsey (Law School Admission Council), Cyndi Jordan (University of Tennessee-Memphis), Shelby R. Keiser (National Board of Medical Examiners), Joan M. McGuire (University of Connecticut-Storrs), Nancy W. Pompian (Dartmouth College), and Louise H. Russell (Harvard University). The University of North Carolina-Chapel Hill ADHD guidelines have also been a resource in the establishment of these guidelines.