**DOCUMENTATION INFORMATION: ATTENTION DEFICIT HYPERACTIVE DISORDER (AD/HD)**

The following information is intended to provide information for students who wish to register their diagnosis of Attention Deficit Hyperactive Disorder (ADHD) with the DRC:

**Definitions**

The current version of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* should be utilized in determining if an individual meets the criteria for a diagnosis of ADHD. ***ADHD*** is defined as “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by…symptoms that have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational difficulties” (DSM-5, 2013, p. 59).

The Americans with Disabilities Act, as amended (ADAAA) and Section 504 of the Rehabilitation Act define a ***disability*** as a physical or mental condition that substantially limits a major life activity. Persons with ADHD, in particular, may experience difficulties with remembering, learning, reading, concentrating and/or thinking, socially interacting and/or communicating, which may interfere directly with their ability to function in a university setting.

***Accommodations*** refer here to any modification or adjustment to academic policies or standard practices for the purpose of allowing an individual with a disability *equal access* to the postsecondary academic environment *without fundamentally altering essential curriculum or course requirements*.

1. **A Qualified Professional Must Conduct the Evaluation.** Qualified professionals are licensed individuals who are have experience and training in evaluating and diagnosing ADHD, differential diagnosis of mental health disorders, has worked with postsecondary disability service providers or campus offices for college students with disabilities, and can provide a comprehensive evaluation written report. Clinicians typically qualified to provide a comprehensive diagnostic evaluation and testing for ADHD are licensed clinical psychologists and neuropsychologists. Although psychiatrists are typically qualified to diagnose ADHD, they often do not provide the type of comprehensive evaluation and/or documentation required. It may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of ADHD in adolescents and adults.
* The name, title and professional credentials of the evaluator — including information about licensure or certification, employment, and state in which the individual practices — should be clearly stated in the documentation. All reports should be on letterhead, typed in English, dated, signed, and otherwise legible. It is not appropriate for professionals to evaluate members of their family.

# **Documentation to Support the Diagnosis and Accommodations Must be Recent.** Eligibility for accommodations and services are based upon clear evidence of the current impact of the disability on the student's academic performance. In most cases, this means that a diagnostic evaluation has been completed within the past 5 years. Documentation that is more than 5 years old may be considered if the previous assessment is applicable to the current or anticipated setting. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be needed.

1. **Documentation Must Include the Following Components:**
* **Provide a specific diagnosis of ADHD**, including specifiers, based on current DSM criteria. *A provisional diagnosis is not acceptable.*
* **Provide historical information to support a childhood onset of symptoms**. It is always helpful to summarize historical records that establishes symptomatology indicative of ADHD across the life span such as elementary, middle school, and/or high school report cards, Individualized Education Plans, 504 Plans, past psycho-educational testing reports, teacher comments, tutor evaluations, and disciplinary records.
* **Describe the manner in which rule-outs were made** (e.g., historical information, observation, or test results, etc.) for possible alternative explanations for ADHD symptoms, including: malingering, substance abuse etiology, etiological medical condition, other mental disorder.
	+ 1. *Evidence regarding the diagnosis should be more than a self-report by the person being evaluated.* Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment.
		2. *Selected subtest scores from measures of intellectual ability, memory function tests, attention or tracking tests, or continuous performance tests do not, by themselves, establish the presence or absence of ADHD.*
		3. *A positive response to medication by itself does not constitute a diagnosis.*
1. **Evidence of Current Impairment**
* **Reconfirm the diagnosis with supportive clinical data and updated rationale for accommodations.** *It is not sufficient for documentation to simply refer to a prior diagnosis as confirmatory evidence of ADHD.*
* **Describe the individual’s current ADHD symptoms as they present in two or more settings.** Since ADHD tends to affect people across situations in multiple life domains, it is necessary to show that the impairment is not confined to only the academic setting or to only one circumscribed area of functioning.
* **Address the current severity and frequency of symptoms and how these substantially limits learning.** The qualified professional should specifically describe to what degree the disorder presently affects the individual in the academic context for which the student is requesting accommodations.
* **Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on an individual's ability to function academically, such as test-taking settings.** Such assessments might include testing of intellectual functioning, academic achievement, processing speed, fluency, executive functioning, language, memory and learning, attention, etc. *A complete psychoeducational or neuropsychological assessment is the primary tool for determining the degree to which the ADHD currently impacts the individual relative to taking standardized tests.*
	+ The reporting of test scores must be complete, not selective. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.
	+ ***If a formal psychological assessment is done to help document the presence of functional limitations, it is important that the student undergo such testing while taking his/her prescribed psychotropic medication. Although the ADAAA prevents considering a therapeutic response to medication to deny the presence of a disabling condition, taking into account the impact of the treatment regimen is relevant to the granting of appropriate accommodations.***
	+ Evaluators should describe whether or not the individual was taking psychotropic medication at the time of the evaluation, and indicate the extent to which any and all of the treatment provides a positive response and/or negative side effects. The use of medication in and of itself either support or negate the need for accommodation(s).
1. **Documentation Must Provide Rationale for Each Requested Accommodation.** Accommodation requests need to be tied to evidence of current functional impairment that supports their use.A diagnosis by itself does not automatically warrant accommodations. An explanation must be provided as to why each accommodation is recommended and should correlate specifically to functional limitations identified through the evaluation process.
* **“Test anxiety” is not a sufficient diagnosis and would not support a request for testing accommodations.** Given that many individuals may believe that they would benefit from extended time in testing situations, evaluators must provide specific rationales and justifications for the recommended accommodation.
* **A prior history of accommodations, without demonstration of current need, does not in itself warrant the provision of similar accommodations.** Records of prior accommodations and/or auxiliary aids – including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations, etc.) and whether or not they benefited the individual – are useful in establishing an appropriate accommodation history; however, documentation must also validate the need for services based on the individual's current level of functioning in an educational setting. A school plan such as an Individualized Education Program (IEP) or 504 Plan is insufficient documentation by itself but can be included with a more comprehensive evaluative report.
* **If no prior accommodations were provided, the qualified professional and/or the individual requesting accommodations must include an explanation of why accommodations are needed at this time.**
* **Psychoeducational or neuropsychological testing is often necessary to support the need for specific academic accommodations due to the impact of ADHD on specific areas of processing deficit.** Providing standardized measures of performance on a range of academically relevant tasks can guide the accommodation-granting process by objectively demonstrating the need for specific accommodations (e.g., extra time on tests due to deficits in information processing speed, computer-assisted reading software due to phonological core deficits, etc.).
* **APPENDIX: Assessing Adolescents and Adults with ADHD**[[1]](#footnote-1)

The diagnosis of ADHD is strongly dependent on a clinical interview in conjunction with a variety of formal and informal measures. Since there is no one test, or specified combination of tests, for determining ADHD, the diagnosis of Attention Deficit/Hyperactivity Disorder requires a multifaceted approach. Any tests that are selected by the evaluator should be technically accurate, reliable, valid, and standardized on the appropriate norm group. The most recent version of the test should always be used unless the evaluator can offer a rationale for use of an older version. The following list includes a variety of measures for diagnosing ADHD and/or LD/ADHD. It is meant to be a helpful resource to evaluators but not a definitive or exhaustive listing.

The Clinical Interview

The evaluator should: 1) Provide retrospective confirmation of ADHD; 2) Establish relevant developmental and academic markers; 3) Determine any other co-existing disorders; and 4) Rule out other problems that may mimic ADHD symptoms.

Specific areas to be addressed include:

* Family history
* Medical history, including serious illnesses, hospitalizations, brain injuries with/without loss of consciousness
* Presence of ADHD symptoms since childhood or early adolescence
* Presence of ADHD symptoms in the last six months
* Evidence that symptoms cause a significant impairment over time
* Qualitative information on the extent of current functional impairment (e.g., academic, occupational, social)
* Results of clinical observation for hyperactive behavior, impulsive speech, distractibility
* Presence of other psychiatric conditions (mood or anxiety disorders, substance abuse, etc.)
* Indication that symptoms are not due to other conditions (e.g., depression, drug use, medical conditions)
* Relevant medication history and response to treatment
* Periods during which the student was symptom-free and/or did not require accommodation
* Accommodations that have minimized the impact of functional limitations in the past or present setting
* Remediation approaches and/or compensating strategies that are currently effective or ineffective

Rating Scales

Self-rated or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data. Selected examples include:

* *Achenbach System for Empirically Based Assessment (ASEBA)*
* *ADD-H Comprehensive Teachers Rating Scale (ACTeRS)*
* *ADDES-Secondary Age*
* *ADHD Rating Scale-IV*
* *ADHD Symptom Checklist–4 (ADHD-SC4)*
* *Attention-Deficit Disorders Evaluation Scale: Secondary-Age Student (ADDES-S)*
* *Beck Anxiety Inventory (BAI)*
* *Beck Depression Inventory (BDI-II)*
* *Behavior Assessment System for Children-2 (BASC-2)*
* *Behavior Rating Inventory of Executive Functioning (child or adult version)*
* *Brown Attention-Deficit Disorders Scale*
* *Conners' Parent Rating Scale (age 3–17 years)*
* *Conners' Teacher Rating Scale (age 3–17 years)*
* *Conners' Rating Scales-3 (Conners 3)*
* *Conners' Adult ADHD Rating Scales (CAARS)*
* *Conners' Comprehensive Behavior Rating Scales (Conners CBRS)*
* *Copeland Symptom Checklist for Adult Attention-Deficit Disorders (CSCAADD)*
* *Hamilton's Depression Rating Scale*
* *Wender Utah Rating Scale (WURS) and Parent's Rating Scale (PRS)*

Observational Forms

These are primarily for children and teenagers in the classroom setting. Selected examples include:

* *ADHD School Observation Code*
* *ADHD Direct Observation System*
* *BASC-2 Student Observation System*
* *CBC/Test Observation Form*
* *Child Behavior Checklist/Direct Observation Form*
* *School Hybrid Observation Code for Kids*

Neuropsychological and Psycho-Educational Testing

Cognitive and achievement profiles may suggest attention or information-processing deficits. No single test or subtest should be used as the sole basis for a diagnostic decision. Selected examples include:

Tests of Intellectual Functioning

* *Kaufman Adolescent and Adult Intelligence Test*
* *Reynolds Intellectual Assessment Scales (RIAS)*
* *Stanford-Binet 5 (SB5)*
* *Wechsler Adult Intelligence Scale – IV (WAIS-IV)*
* *Woodcock-Johnson III – Tests of Cognitive Ability*

Attention, Memory, and Learning

* *Attention Capacity Test (ACT)*
* *Brown Attention-Deficit Disorder Scale*
* *California Verbal Learning Test-Second Edition (CVLT-II)*
* *Conners' Continuous Performance Test (CPT)*
* *Detroit Test of Learning Aptitude – 4 (DTLA-4)*
* *Detroit Test of Learning Aptitude-Adult (DTLA-A)*
* *Gordon Diagnostic Systems (GDS)*
* *Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)*
	+ *Kagan Matching Familiar Figure Test (KMFFT)*
	+ *Paced Auditory Serial Test (PASAT)*
	+ *Test of Everyday Attention for Children (TEA-Ch)*
	+ *Tests of Variable Attention Computer Program (TOVA)*
	+ *WAIS-IV Working Memory Index*
	+ *Wechsler Memory Scales – III (WMS-III)*

Executive Functioning

* *BRIEF*
* *Delis-Kaplan Executive Function System*
* *Stroop Color and Word Test*
* *Trail Making Test Parts A and B*
* *Tower of London-Second Edition*
* *Wisconsin Card Sorting Test (WCST)*

Academic Achievement

Specific achievement tests are useful instruments when administered under standardized conditions and when the results are interpreted within the context of other diagnostic information.NOTE: The *Wide Range Achievement Test* (WRAT) or the *Nelson-Denny Reading Test* is not comprehensive measure of achievement and should not be used as the sole measure of achievement.

* *Scholastic Abilities Test for Adults (SATA)*
* *Stanford Test of Academic Skills (TASK)*
* *Wechsler Individual Achievement Test – III (WIAT-III)*
* *Woodcock-Johnson Psychoeducational Battery – III: Tests of Achievement*

Supplemental Achievement Tests:

* *Gray Oral Reading Test (GORT 4th Ed)*
* *Nelson-Denny Reading Test (with standard and extended time)*
* *Stanford Diagnostic Mathematics Test*
* *Test of Written Language – 3 (TOWL-3)*
* *Woodcock Reading Mastery Tests – Revised*

Medical Evaluation

Medical disorders may cause symptoms resembling ADHD. Therefore, it may be important to rule out the following:

* Neuroendocrine disorders (e.g., thyroid dysfunction)
* Neurologic disorders
* Impact of medication on attention if tried, and under what circumstances
* Sleep disorders

Collateral information

Include third-party sources that can be helpful to determine the presence or absence of ADHD in childhood:

* Description of current symptoms (e.g., by spouse, teachers, employer)
* Description of childhood symptoms (e.g., parent)
* Information from old school and report cards and transcripts
1. Source: Office of Disability Policy, Educational Testing Service (2008). *Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder (ADHD) in Adolescents and Adults, Second Edition,* p. 17-20. http://www.ets.org/disabilities/documentation/documenting\_adhd/#appendixc [↑](#footnote-ref-1)