



Documentation Guidelines for Attention Deficit/Hyperactivity Disorder (ADHD)

These guidelines are to aid you in working with your treating professional to prepare the information needed to evaluate your request. Please contact Accessibility Services with any questions related to these guidelines.

Guidelines:

1. The credentials of the diagnosing professional. The following professionals would generally be considered qualified to evaluate and diagnose ADHD provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors.
2. Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided. Comprehensive training and relevant experience in differential diagnosis and the full range of psychiatric disorders are essential.
3. Testing must be current. In most cases, this means testing that has been conducted within the past three years. Because the provision of all reasonable accommodations and services is based upon assessment of the *current* impact of the student's disabilities on their academic performance, it is in a student's best interest to provide recent and appropriate documentation. Individual Education Programs (IEP's) and Section 504 plans are useful but are not, in and of themselves, sufficient documentation to establish the rationale for accommodations. Though this prior history of accommodations is welcomed, it is not sufficient enough to demonstrate a current need that warrants life accommodations.
4. Documentation should be comprehensive and include the following:
 - a. **Evidence of Early Impairment**
Relevant historical information is essential since ADHD is by definition, first exhibited in childhood and manifest itself in more than one setting.
 - b. **Evidence of Current Impairment**

Evidence of ongoing impulsive/hyperactive or attentive behaviors that significantly impair functioning in two or more settings. The report must include diagnostic interviews including self-reports and third party source.

c. Rule out of Alternative Diagnoses or Explanations

The evaluator must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD.

d. Specific Diagnosis

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. The diagnostician should use direct language in the diagnosis and avoid using terms such as “suggests”, “is indicative of”, or “attention problems”.

e. Relevant Testing

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 subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. Selected subtest performance tests do not in and of themselves establish the presence or absence of ADHD. 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. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

5. The evaluator must describe the impact, if any, of the diagnosed ADHD on a specific major life activity as well as the degree of impact on the individual. The diagnostic report may include specific recommendations for accommodations at postsecondary institutions. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation, and and/or testing.

These guidelines have been adapted from The Consortium Guidelines for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults, (1998), the Consortium on ADHD documentation.