



Specific Disability Guidelines for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults

The generic term Attention-Deficit Disorder (ADD) is frequently used; however, the official nomenclature in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV [American Psychiatric Association], 1994) is Attention-Deficit/Hyperactivity Disorder (ADHD) and is used in this document.

Documentation Requirements

I. A qualified person must conduct the evaluation

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: psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. The professional must be an impartial individual who is not a family member of the student.

The name title, and professional credentials of the evaluator—including information about license or certification as well as the area of specialization, employment and state or province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed and otherwise legible.

II. Documentation must be Current

A diagnostic evaluation should have been conducted within four years of the student's enrollment at Saint Anselm College.

III. Documentation Must be Comprehensive

A. 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. The following should be included in a comprehensive assessment: clinical summary of objective historical information, establishing symptomology indicative of ADHD throughout childhood, adolescence, and adulthood as garnered from transcripts, report cards, teacher comments, tutoring evaluations, and past psycho-educational testing; and third party interviews when available.

B. Evidence of current impairment

The following areas must be investigated:

1. Statement of presenting problems

A history of the student's presenting attentional symptoms should be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings.

2. Diagnostic interview

The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to the following:

- History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
- Developmental history
- Family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
- Relevant psychosocial history and any relevant interventions
- A thorough academic history of elementary, secondary, and postsecondary education

- Review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
 - Description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention
 - Relevant history of prior therapy
- C. Alternative diagnoses or explanations should be ruled out
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.
- D. Relevant testing information must be provided
Neuropsychological or psychoeducational assessment is important in determining a diagnosis of ADHD and the current impact of the disorder on a student's ability to function in academically related settings. 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 student is requesting the accommodation. Test scores or 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. 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.

- E. Identification of DSM-IV criteria
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.

In diagnosing ADHD, it is particularly important to address the following criteria:

- Symptoms of hyperactivity/impulsivity or inattention that cause impairment that must have been present in childhood
- Current symptoms that have been present for at least the past six months
- Impairment from the symptoms present in two or more settings (for example, school, work, home)
- Clear evidence of significant impairment in social, academic, or occupational functioning
- Symptoms that do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder)

- F. Documentation must include a specific diagnosis

- A. 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 of ADHD, avoiding the use of terms such as "suggests," "is indicative of," or "attention problems."
- B. Individuals who report only problems with organization, test anxiety, memory and concentration in selective situations do not fit the proscribed diagnostic criteria for ADHD.

- G. An interpretive summary must be provided

An interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because ADHD is in many ways a diagnosis which 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:

- Demonstration that the evaluator has ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors
- 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
- 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;

- Indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it impacts the student in the educational setting for which accommodations are being requested; and
- 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).

IV. Rational

The evaluator(s) should describe the impact, if any, of the diagnosed ADHD on a specific major life activity as well as the degree of impact on the student. The diagnostic report should include specific recommendations for accommodations that are realistic and that a postsecondary institution can reasonably provide. A detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation, and/or testing. Although prior documentation may have been useful in determining appropriate services in the past, current documentation should validate the need for services based on the individual's present level of functioning in the educational setting. A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report.

Please note: If the director of Academic Advisement deems the documentation to be inadequate in scope or content, a reevaluation may be required before accommodations will be provided.

Adapted from the Consortium on ADHD Documentation (1998)

Consortium on ADHD Documentation

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