

Documentation Guidelines for Attention-Deficit/Hyperactivity Disorder

Students requesting accommodations for AD/HD should submit a current diagnostic report containing the following information:

- Documented developmental history indicating relevant symptoms and problem behaviors across multiple settings. Possible data sources include past evaluations, school records, or teacher and parent reports.
- Documentation of current symptoms that meet diagnostic criteria. Data sources should include clinical interviews, IQ tests (with special reference to any working memory and processing speed index scores), Conners' CPT II or other continuous performance tests, and tests of memory, attention, processing, and fluency from batteries such as the Woodcock-Johnson III Tests of Cognitive Abilities and of Achievement.
- The DSM-IV diagnostic criteria that were identified as present in this case and the diagnostic procedures/assessments/scales used to identify these criteria. Please describe the settings in which these symptoms have been most evident.
- Documentation of current adult behavior on rating scales of AD/HD symptoms that have appropriate norms and if possible, documentation of past childhood behavior on rating scales of AD/HD symptoms. Possible data sources include norm-based behavior rating scales.
- Corroboration of current AD/HD symptoms across multiple settings by one or more independent observers with knowledge of the student's functioning. Possible data source include parent, spouse, teacher, supervisor, co-worker, relative, and/or clinician.
- Discuss how the possibility of other psychiatric or medical disorders which may cause problems with inattention are considered, evaluated, and documented in the differential diagnosis process. Please also discuss any dual diagnoses and alternative or coexisting conditions.
- Current medication(s) including dosage, effectiveness and side effects; along with current compliance with medication plan.
- Clear evidence and documentation of interference with developmentally appropriate academic, social, or vocational functioning.
- Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate severity of these limitations.
- Suggested accommodations (i.e. extended time for exams, quiet room in which to take exams)
- All other psychiatric or medical disorders which may cause problems with inattention are differentially evaluated, documented, and considered in the differential diagnosis. This is particularly important when mood, anxiety, or substance-abuse disorders are involved. Other causes of problems with attention and concentration must be considered and discussed (e.g., test anxiety). A positive response to medication is not, by itself, considered diagnostic.

Letters stating only that the student has AD/HD or is taking a particular medication for AD/HD, but that do not provide any diagnostic information or evidence of a history of accommodation are not acceptable. An IEP or 504 Plan is not, by itself, appropriate documentation of AD/HD at the post-secondary level, but may be used to supplement documentation of disability.

Documentation that does not meet all of the above-listed standards nonetheless may be considered sufficient for the student to receive limited accommodations (time-and-a-half on tests and distraction-reduced testing room) when the documentation is submitted with an uninterrupted period of accommodations from another academic institution. At a minimum, students

must provide details of a clinical interview performed by a qualified professional and rating scales (filled out by the student and at least one other person) that support an AD/HD diagnosis.

It should be noted that post-baccalaureate testing agencies (such as the GRE, GMAT, LSAT, etc.) frequently require more extensive testing to document AD/HD than the level accepted by Disability Services for minimal accommodations. It is important to check with each testing agency for specific documentation requirements.