



Attention Deficit/Hyperactivity Disorder Documentation Requirements

I. Qualifications of Evaluator

A. Credentialing

Professionals conducting comprehensive assessments, diagnosing Attention Deficit/Hyperactivity Disorder, and suggesting appropriate accommodations must be properly certified and/or licensed. Comprehensive training and relevant experience with adolescents and adults who have Attention Deficit/Hyperactivity Disorder, including training in differential diagnosis of Attention Deficit/Hyperactivity Disorder, is essential. The following professionals, given the training received met the afore-mentioned criteria, would generally be considered qualified to evaluate and diagnose ADHD: psychiatrists, neuropsychiatrists, neurologists, psychologists or other relevantly trained medical doctors.

B. Evaluator Reporting Standards

All reports from the evaluator must be type-written on letterhead, dated, and signed. In addition, the evaluator's name, title, professional credentials, license/certification information, and area of specialization must be clearly stated in the documentation.

II. Submitted Documentation

A. Current Assessment

1. Reasonable and appropriate accommodations are based on the assessment of the student's current level of functioning. Therefore, it is in the student's best interest that recent and appropriate documentation in relation to the learning environment be provided. Observed changes may have occurred in the individual's performance, and/or new medications prescribed or discontinued since initial assessment and diagnosis.
2. A school plan, such as an Individualized Education Plan (IEP) or a 504 plan is insufficient documentation.

III. Comprehensive Assessment Battery

A. Evidence of Early Impairment

By its definition ADHD is first exhibited in childhood, although it may not have been formally diagnosed at that time, and manifests itself in at least two settings. As a result, relevant historical information is essential. The following should be included in a comprehensive assessment: clinical summary, historical information establishing symptomology indicative of ADHD throughout childhood, adolescence and adulthood as found through

transcripts, report cards, teacher comments, tutor evaluations, past psychoeducational testing, and third party interviews

B. Evidence of Current Impairment

1. Statement of Presenting Problem

Evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings must be presented.

2. Diagnostic Interview

A complete diagnostic interview, including information from a third party, is critical. The interview may include information regarding:

- a. History of presenting attentional symptoms, including evidence of on-going impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
- b. Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner
- c. Relevant medical and medicine history, including the absence of a medical basis for symptoms being evaluated
- d. Relevant psychological history and interventions
- e. Academic history
- f. Review of prior psychoeducational test reports to determine whether a pattern of strength or weaknesses is supportive of attention or learning problems
- g. Description of current functional limitations pertaining to an educational setting that is presumably a direct result of problems with attention
- h. Relevant employment history

C. Rule Out Alternative Diagnoses or Explanations

Investigation and discussion of a possible dual diagnosis and alternative or co-morbid disorders is required. In addition educational and cultural factors should also be eliminated as possible causes.

D. Educational Assessment

1. Neuropsychological or psychoeducational assessment is an important factor in determining the impact of the disorder on the individual's ability to function in an academic setting.
 - a. At minimum the evaluation should include an assessment of academic aptitude, achievement, and information processing strengths and weaknesses
2. Selected subtest scores from measures of intellectual ability, memory function, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD.
3. Checklists and/or surveys can serve to supplement the diagnostic profile, but in and of themselves, are not adequate to diagnose ADHD and do not substitute for clinical observations and diagnostic judgment.

4. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

E. Specific Diagnosis

1. Direct language should be used when making a diagnosis.
2. Language such as “suggests” or “is indicative of” should be avoided.
3. Individuals who report problems with organization, test anxiety, memory, and concentration in selective situations do not fit the diagnostic criteria for attention deficit/hyperactivity disorder.
4. Many individuals benefit from prescribed medications and therapies. As a result, a positive response to medication by itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.
5. A diagnostic report should include a review and discussion of which DSM-IV–TR criteria for ADHD are present.

IV. Interpretive Summary

1. A well-written interpretive summary of the comprehensive assessment is a necessary component of the documentation. The summary should include:
 - a. Demonstration of having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological, medical, or non-cognitive factors.
 - b. Indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the lifespan and across settings are used to determine the presence of ADHD.
 - c. Indication of whether or not the student is on medication, and whether or not there is a positive response to the prescribed treatment
 - d. Indication and discussion of the substantial limitations to learning as a result of the ADHD and the degree of impact it has in the learning context.
2. Academic accommodation suggestions justified by assessment results must be present.
 - a. A detailed explanation must be provided as to why each accommodation is recommended and how it correlates to assessment results
 - b. Previous accommodations and auxiliary aids should be discussed and specific conditions under which each was used should be discussed
 - c. If no prior accommodations were provided, an explanation of why no accommodations were used in the past and why accommodations are currently needed must be addressed