

# **Attention Deficit/Hyperactivity Disorders**

## **Documentation Guidelines**

### **Introduction**

**The following guidelines are designed to provide students and professional diagnosticians with a common understanding and knowledge base of the components of documentation that are necessary to validate the existence of AD/HD, its impact on the individual's educational performance, and the need for accommodation(s) in the post-secondary setting. The information and documentation should be comprehensive in order to avoid or reduce unnecessary time delays in decision-making related to the provision of services.**

**This document presents guidelines in five important areas:**

- I. Qualifications of the Evaluator
- II. Currency of Documentation
- III. Necessary Components of the Comprehensive Evaluation and Diagnostic Report
  - Diagnostic Interview
  - Rating Scales
  - Aptitude/Cognitive Testing
  - Academic Achievement Testing
  - A specific Diagnosis
- IV. **Clinical Interpretive Summary**
- V. Confidentiality

**Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, qualified individuals with disabilities are guaranteed certain protections and rights that provide equal access to programs and services. In order to establish that an individual is covered under the ADA and/or Rehabilitation Act, the documentation must indicate that the disorder substantially limits one or more major life activities, such as, but not limited to, hearing, seeing, breathing, performing manual tasks, walking, caring for oneself, and/or learning (reading and writing).**

**Although the more generic term, Attention Deficit Disorder (ADD), is frequently used, the official nomenclature in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) (American Psychiatric Association, c 1994) is Attention-Deficit/ Hyperactivity Disorder (AD/HD), which is used in these guidelines.**

**A diagnosis of a disorder/impairment alone does not automatically qualify an individual for an accommodation under the ADA**

**The clinical documentation of AD/HD that is submitted to Project Key (PK) for the purpose of seeking accommodations is expected to meet the standards set forth in these guidelines. All clinical documentation is reviewed by PK to determine what, if any, accommodations are appropriate. Although a previous history of accommodations may provide valuable insight into the student's ability to integrate into a previous setting, PK makes independent judgments about Faulkner University settings and the appropriateness, if any, of accommodation requests.**

**It is the responsibility of the student to obtain his/her documentation and to present a copy to PK. Any correspondence regarding adequacy of the documentation will be sent to the student. It is the student's responsibility to obtain additional information or testing when a request is made. The final determination of appropriate accommodations rests with the Director of Project Key and is based on a review of the documentation as outlined below.**

#### **I. Qualifications of the Evaluator**

**Professionals conducting assessments and rendering diagnoses of AD/HD must have training in differential diagnosis and the full range of psychological and learning disorders. The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, and state in which the individual practices must be clearly stated in the documentation. For example, the following professionals would generally be considered qualified to evaluate and diagnose AD/HD provided they have comprehensive training in the differential diagnosis of AD/HD and direct experience with an adolescent or adult AD/HD population: clinical psychologist, neuropsychologist, psychiatrists, and other relevantly trained diagnosticians. 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 AD/HD in adolescents and adults.**

**Use of diagnostic terminology indicating AD/HD by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families. All reports should be on letterhead, typed, dated, signed, and otherwise legible. The receiving institution or**

agency has the responsibility to maintain the confidentiality of the individual's records.

## **II. Currency of Documentation**

Because the provision of all reasonable accommodations and services is based upon the assessment of the current impact of the student's disorders on his or her academic performance, it is in the student's best interest to provide recent and appropriate documentation. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodation(s), additional information/testing may be requested.

## **III. Necessary Components of the Comprehensive Evaluation and Diagnostic Report**

Documentation must demonstrate that the AD/HD *currently and substantially* limits a major life activity. The diagnostician must use *direct language* in the diagnoses of AD/HD, avoiding such terms as "weakness," "appears," "suggests," or "is indicative of" as these statements do not support a conclusive diagnosis. The diagnostic process must be comprehensive and include a thorough clinical interview.

School plans such as an Individualized Education Plan (IEP) or 504 Plans are not adequate documentation, but may be helpful. PK reserves the right to request additional assessment information when questions regarding previous assessment or previous accommodation provisions arise.

The assessment of the individual must not only establish a diagnosis of AD/HD, but is important in determining the current impact of the impairment on an individual's ability to function in academic settings. The evaluator must objectively review and include relevant background information to support the diagnosis and its impact within the post-secondary educational environment.

The assessment will be used to determine the current impact of the impairment on the individual's ability to function in the post-secondary academic setting. All data must logically reflect a substantial limitation, for which the individual is requesting accommodations. In order to support the diagnosis of AD/HD and substantiate the need for accommodations there must be an assessment of intellectual functioning and academic achievement.

Assessment and any resulting diagnosis must consist of and be based on a comprehensive assessment battery that does not rely on any one test or subtest.

#### **A. Diagnostic Interview**

The information collected during the diagnostic interview should consist of more than self-reporting. The information from sources such as spouse, parent, roommate, or close friend is critical in the diagnosis of AD/HD. By using a combination of the student's self-report, interviews with others, and historical documentation such as transcripts and standardized test scores, the diagnostician should provide a summary of the following:

- **Evidence of Early Impairment:** Because AD/HD is, by definition, first exhibited in childhood and manifests itself in more than one setting, relevant historical information is essential.
- **Statement of Presenting Problem:** The individual's presenting attentional symptoms should be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that currently significantly impair functioning in two or more settings. It is important to include a description of current functional limitations pertaining to the post-secondary educational setting that is a direct result of problems with attention.

#### **B. Rating Scales**

Self or interviewer-related scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data. Rating scales should be completed by at least two of the following: the student, a roommate/close friend, a spouse, or a parent/sibling.

#### **C. Aptitude/Cognitive Testing**

The evaluation must contain a complete intellectual assessment with all broad/cluster and subtest scores reported as standard scores and percentile scores.

#### **D. Academic Achievement Testing**

A comprehensive academic achievement battery is essential. All scores must be reported as standard scores and/or percentile rank scores. The battery must include current levels of academic functioning in such relevant areas as reading (decoding and comprehension), mathematics, and oral and written language.

The *Wide Range Achievement Test 3 (WRAT-3)* is not a comprehensive measure of achievement and therefore should not be used as the sole measure of achievement.

See list of recommended tests on the last page of this section.

#### **E. Documentation Must Include a Specific Diagnosis**

**The report must include a specific diagnosis of AD/HD based on the DSM-IV diagnostic criteria. The diagnostician should use direct language in the diagnosis of AD/HD, avoiding the use of terms such as “suggest,” “is indicative of,” or “attention problems.” Individuals who report only problems with organization, test anxiety, memory and concentration in selective situations may not have an impairment that rises to the level of a disability under the ADA or Rehabilitation Act. Given that many individuals benefit from prescribed medications and therapies, 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 accommodation(s). Alternative Diagnoses or Explanations Must 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 that may confound the diagnosis of AD/HD. This process should include exploration of possible alternative diagnoses, and medical and psychiatric disorders as well as educational and cultural factors impacting the individual that may result in behaviors mimicking an Attention-Deficit/Hyperactivity Disorder.**

#### **Identification of DSM-IV Criteria**

**According to the DSM-IV, the “essential feature of AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development” (p. 78). A diagnostic report should include a review and discussion of the DSM-IV criteria and specify which symptoms are currently present. In diagnosing AD/HD, it is particularly important to address the following criteria: symptoms of hyperactivity/impulsivity or inattention that cause impairment which 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, and home); clear evidence of significant impairment in social, academic, or occupational functioning; and symptoms which 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 Personality Disorder).**

#### **Each Accommodation Recommended by the Evaluator Must Include a Rationale**

**It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation.**

**The diagnostic report must include specific recommendations for the accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The evaluator(s) must describe the impact the diagnosed Attention**

**Deficit/Hyperactivity Disorder (AD/HD) has on a major life activity. The evaluator(s) must support recommendations with specific test results or clinical observations. If no prior accommodation(s) has been provided, the qualified professional and/or the student should include a detailed explanation of why no accommodation(s) was used in the past and why an accommodation(s) is needed at this time.**

**If the requested accommodations are not clearly identified in the diagnostic report the Director of Project Key reserves the right to seek additional clinical information pertaining to determination of eligibility for requested accommodations.**

#### **IV. Clinically Interpretive Summary**

**A well-written diagnostic summary based on a comprehensive evaluative process is an important component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated with background information, observations of the client during the testing situation, and the current context. It is important, therefore, that professional judgment be used in the development of a clinical summary. The clinical summary must include:**

- Indications that the evaluator ruled out alternative explanations for academic problems such as poor education, poor motivation and/or study skills, emotional problems, attentional problems, and or cultural/language differences;**
- Indications of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings were used to determine the presence of AD/HD;**
- Indications and discussion of the substantial limitation to learning presented by the AD/HD and the degree to which it impacts the individual in the learning context for which accommodations are being requested;**
- Indications of whether or not the student was evaluated while on medication, and whether or not there is a positive response to the medication and/or prescribed treatment;**
- Indications as to why specific accommodations are needed and how the effects of AD/HD symptoms as designated by the DSM-IV, are mediated by the accommodation(s).**

#### **V. Accountability and Confidentiality**

**All information obtained in diagnostic and medical reports will be maintained and used in accordance with applicable confidentiality requirements.**

## **Assessment Instruments for AD/HD**

### **A. Ability/Cognitive Testing**

**The evaluation must contain a complete intellectual assessment with all cluster and subtests reported as standard scores. Screening instruments are not acceptable in any area. The following instruments are recommended; use of other instruments should be justified by the diagnostician:**

- *Wechsler Adult Intelligence Scale- III (WAIS III)*
- *Woodcock-Johnson III Tests of Cognitive Ability*

### **B. Academic Achievement Testing**

**It is essential to include a comprehensive achievement battery with all cluster and subtests reported as standard scores and/or percentile rank scores. Screening instruments are not acceptable in any area. The battery must include current levels of functioning in such relevant areas as reading (decoding and comprehension), mathematics (calculation and problem solving), oral language, and written expression (spelling, punctuation, capitalization, writing samples). The following instruments are recommended; use of other instruments should be justified by the diagnostician.**

- *Woodcock-Johnson III- Tests of Achievement*
- *Scholastic Abilities Test for Adults (SATA)*

### **Specific Measures of Achievement**

**Specific achievement tests are useful instruments when administered under standardized conditions and when results are used to support other diagnostic information.**

**C. Information Processing Testing**

**The following areas may be addressed in the evaluation report: short and long term memory (storage and retrieval), auditory and visual perception processing and processing speed. All cluster and subtests must be reported as standard scores and/or percentile rank scores. Screening instruments are not acceptable in any area. A single subtest may not be sufficient to document current levels of functioning. The following instrument is recommended; use of other instruments should be justified by the diagnostician.**

*Woodcock-Johnson Psychoeducational Battery III- Tests of Cognitive Ability*