



## **Guidelines for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults**

*Adapted from the Guidelines of the Consortium on AD/HD Documentation*

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### **Introduction**

These materials were adapted from a document developed by a group of professionals from various organizations who formed the Consortium on AD/HD Documentation. The Consortium's mission was to develop standard criteria for documenting attention-deficit disorder, with or without hyperactivity (AD/HD), that could be used by post-secondary personnel, licensing and testing agencies, and consumers requiring documentation to determine appropriate accommodations for individuals with AD/HD.

Although the more generic term, Attention-Deficit Disorder (ADD), is frequently used, 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 (AD/HD) and is used in this document. Please note these terms are not mutually exclusive, and not all individuals are seen to have the hyperactive symptom of AD/HD.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services. To establish that an individual is covered under the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning. The following documentation requirements are provided in the interest of assuring that documentation of AD/HD demonstrates an impact on a major life activity, is appropriate to verify eligibility, and supports the request for accommodations, academic adjustments, and/or auxiliary aids.

### **I. Qualifications of the Examiner**

Professionals conducting assessments and rendering diagnoses of AD/HD and making recommendations for accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of psychiatric disorders are essential. 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: psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors.

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**

Because the provision of all reasonable accommodations and services is based upon the college's assessment of the current impact of the disability on academic performance, it is in a candidate's best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic evaluation must have been completed within the past three years. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be required. If the initial documentation is incomplete or inadequate to determine the extent of the disability and reasonable accommodations, the college has the discretion to require additional documentation. Any cost of obtaining additional documentation is also borne by the student.

## **III. Documentation Necessary to Substantiate the Diagnosis Must be Comprehensive**

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. The following areas should be included in the report documenting AD/HD:

### **1. Statement of Presenting Problem**

A history of the individual'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 and Observations**

In diagnosing AD/HD, it is particularly important to address the following:

- ◇ the individual's developmental history including symptoms of hyperactivity/impulsivity or inattention if present in childhood
- ◇ family history for presence of AD/HD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner
- ◇ relevant medical and medication history
- ◇ relevant psychosocial history
- ◇ a thorough academic history of elementary, secondary, and postsecondary education
- ◇ a description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention
- ◇ 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

### 3. Relevant Testing Information Must Be Provided

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. 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 AD/HD. Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of AD/HD 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.

### 4. 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 such terms as "suggests," "is indicative of," or "attention problems." A diagnostic report should include a review and discussion of the DSM-IV criteria for AD/HD both currently and retrospectively and specify which symptoms are present.

Individuals who report only problems with organization, test anxiety, memory or concentration in selective situations do not fit the prescribed diagnostic criteria for AD/HD. 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).

### 5. An Interpretative Summary Must Be Provided

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because AD/HD is in many ways a diagnosis that 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 must include:

- a. demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors
- b. indication of whether or not the candidate was evaluated while on medication, and whether or not the prescribed treatment produced a positive response
- c. indication and discussion of the substantial limitation to learning presented by the AD/HD and the degree to which it affects the individual in the testing context for which accommodations are being requested
- d. indication 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 accommodations

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

All students seeking accommodations must disclose the presence of a specific disability to the appropriate person or office at each college in the VSC. Documentation and a request for accommodation must be presented in advance of need. The evaluator must describe the impact, if any, of the diagnosed AD/HD on a specific major life activity as well as the degree of impact on the individual. The diagnostic report must include specific recommendations for accommodations that are realistic and that postsecondary institutions can reasonably provide. An explanation as to why each accommodation is recommended must be provided 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 must validate the need for services based on the individual's present level of functioning in the educational setting. The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefited the individual. However, a prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations. If no prior accommodations were provided, the qualified professional and/or the candidate must include a detailed explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

If the requested accommodations are not clearly identified in the diagnostic report, the college will seek clarification, and if necessary, more information. The college will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

#### **V. Confidentiality**

All colleges in the Vermont State College system will adhere to confidentiality policies regarding the responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or under compulsion of legal process.

*These Guidelines were Adapted from the Consortium on AD/HD Documentation*

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