

Attention Deficit/Hyperactivity Disorders (ADHD)

Introduction

In order to establish that an individual is covered under the Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act of 1973, documentation must be provided that indicates the disability substantially limits some major life activity, including learning. The following documentation guidelines are provided to assure that documentation of ADHD demonstrates an impact on a major life activity and supports the request for accommodations.

It is the responsibility of the student to obtain the documentation and present a copy to the Office of Disability Services. Any correspondence regarding the adequacy of the submitted documentation will be sent to the student. It is the student's responsibility to obtain additional information or clarification.

Qualifications of the Evaluator

The name, title, and license/certification credentials of the evaluator must be stated in the documentation. The following professionals are considered qualified provided they have training in the differential diagnosis of ADHD and direct experience with adolescent or adult ADHD population: A licensed/certified psychologist (e.g., clinical or school psychologist) or a member of a medical specialty (e.g. psychiatrist, neuropsychiatrist, neurologist or relevantly trained medical doctor) who has expertise in evaluating the impact of ADHD on an individual's educational performance. A diagnosis of ADHD by someone whose training is not in these fields is not acceptable. All reports must be on letterhead, dated, and signed.

Documentation Should Be Current

Evaluation should be no more than three years old; however older documentation may be considered under appropriate circumstance, and on case-by-case basis. Current documentation is particularly important because reasonable accommodations and services are based on the assessment of the current impact of the disability on academic performance. If the documentation is not adequate in content or does not address the individual's current level of functioning and need for accommodation(s), a reevaluation may be requested by Disability Services. In some cases changes may have occurred in the student's performance since a previous diagnosis or new medication may have been prescribed or discontinued. In such cases it may be necessary to have a reevaluation. The update should include a detailed assessment of current impact of the ADHD. The examiner should also include an interpretive summary of relevant information from the previous diagnostic report. Documentation must specifically address and substantiate the need for accommodations based on the student's current functioning in an educational setting.

Documentation must be comprehensive

A comprehensive evaluation must include a clinical interview, evidence of early impairment, statement of presenting problems, evidence of current impairment, rule out of alternative diagnoses, assessment of attention difficulties, and a diagnosis of ADHD using all DSM IV criteria. A school plan such as an Individualized Education Plan (IEP) or a Section 504 Accommodation Plan is insufficient documentation to support a student's eligibility for accommodations but may be included as part of a more comprehensive report.

Clinical Interview

ADHD is by definition first exhibited in childhood and manifests itself in more than one setting; as such, relevant historical information is essential. A student's academic history should be included. Medical, developmental, and social histories should be investigated and reported, along with any family history of educational, medical, or psychosocial difficulties. A description of the individual's presenting attention symptoms should be provided, as well as any history of such symptoms. A family history of ADHD and the student's medication history also are important.

Statement of Presenting Problems and Evidence of Current Impact

A statement of the presenting problem as well as a history of the individual's presenting attention symptoms should be provided. This should include evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more life activities.

Rule out alternative diagnosis

The evaluator should include any assessment data that supports or refutes a diagnosis of ADHD. It is imperative that the evaluators investigate and discuss the possibility of a dual diagnosis. This process should include exploration of alternative diagnoses and medical and psychiatric disorders as well as educational and cultural factors affecting the individual, which may result in symptoms that mimic ADHD.

Assessment of ADHD Assessments such as checklists and rating scales are very important, but checklists, surveys, or subtest scores should not be used as the SOLE criterion for a diagnosis of ADHD. Most evaluators find it is valuable to administer, or examine the results of, intelligence tests such as the, WAIS III, Woodcock Johnson Psycho educational Battery Revised, Test of Cognitive Ability, Connors Performance Test, Brown Adult rating scale and any other diagnostic tool that the clinician feels diagnostically important to the report.

Diagnosis of ADHD Using DSM-IV Criteria

Individuals who exhibit general problems with organization, test anxiety, memory, and concentration alone do not fit the diagnostic criteria for ADHD. Likewise, a positive response to medication by itself does not confirm a diagnosis of ADHD. 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". A specific statement that the student is diagnosed as having ADHD with the sub-type and the accompanying DSM-IV criteria are required for services and accommodations.

It is important to determine the current impact of the disorder on the individual's ability to function in multiple settings. As such, the evaluator must describe the substantial limitation(s) to academic learning, emotional and psychological functioning, interpersonal relationships, and independent living skills. All data must logically reflect a substantial limitation to learning for which the individual is requesting accommodation.

Recommendations for Accommodations

The diagnostic report should include specific recommendations for academic accommodations. It is important to reflect upon the functional impact and limitations of the disorder on the student's ability to learn in the classroom. A history of accommodations does not in itself warrant the provision of similar accommodations. If accommodations are not identified specifically in the

diagnostic report, the Office of Disability Support Services must request and receive this information before services can be provided. The final determination of appropriate and reasonable accommodation rests with the Office of Disability Services.

A summary of diagnostic findings is a valuable component of the report. The summary might include an indication of how patterns of inattentiveness and/or hyperactivity validate the presence of ADHD, elimination of alternative explanations for academic problems (e.g., poor study habits, lack of motivation, psychosocial or medical problems), and a rationale for the academic accommodations requested.