

**DOCUMENTATION GUIDELINES FOR INDIVIDUALS
WITH ATTENTION-DEFICIT/HYPERACTIVITY
DISORDER IN ADOLESCENTS AND ADULTS**



**DISABILITY SUPPORT SERVICES
JACKSONVILLE STATE UNIVERSITY**

Introduction:

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 protects students with disabilities from discrimination and assures that all reasonable accommodations are provided in postsecondary settings. In order to be covered under these laws, documentation must be provided that shows that the disability substantially limits a major life activity, including learning. The following guidelines are provided for the purpose of informing students about the necessary elements that must be present for documentation to be considered acceptable.

Documentation Guidelines:

Evaluator Qualifications: The evaluator should have comprehensive training and relevant experience in diagnosing disabilities. The following professionals are generally considered qualified to evaluate and diagnose ADHD: psychologists, psychiatrists, neuropsychologists, and other relevantly trained doctors.

Documentation Must be Current: The provisions of all reasonable accommodations and services are based on the current impact of the disability on academic performance. Documentation must be no older than three years old. If documentation is deemed inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, then reevaluation may be required. Changes in an individual's performance level can occur over time so current information is a necessity.

Reporting Evaluation Results: The submitted results of all evaluations should include the evaluator's name, title, professional credentials, area(s) of specialization, place of employment, and state or province in which the individual practices. All reports should be on letterhead, typed, dated, signed, and legible.

Documentation Needed in Order to Substantiate the Diagnosis: The documentation must include evidence of an early impairment, evidence of a current impairment, alternative diagnoses must be ruled out, relevant testing information must be provided, a specific diagnosis based on the criteria included in the DSM-IV must be present in documentation, and an interpretive summary should be included in acceptable documentation.

Most records from secondary schools do not include a specific diagnosis and is therefore unacceptable as substantiating documentation.

- A. **Evidence of an Early Impairment:** According to the DSM-IV, ADHD is exhibited during childhood (although it may not have been formally diagnosed) and manifests itself in more than one setting. The nature of the DSM-IV criteria makes relevant historical information an essential part in documenting the presence of ADHD.
- B. **Evidence of a Current Impairment:** Evidence of a current impairment

should include: (1.) evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings; and (2) a diagnostic interview that should include the following:

- Evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
 - Developmental history
 - An indication that there is a family history of a presence of ADHD as well as other educational, learning, physical, or psychological difficulties deemed relevant by the examiner
 - Relevant medical or medication history. A statement indicating that other medical conditions were considered and eliminated as possible causes of symptoms
 - Relevant psychosocial history and any relevant interventions
 - A thorough academic history of elementary secondary, and postsecondary education
 - A review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
 - Relevant employment history
 - A description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention or learning problems
- C. **Alternative Diagnoses Should be Ruled Out:** Documentation should include evidence that the evaluator has investigated and discussed the possibility of dual diagnoses and other disorders that may confound the diagnosis of ADHD.
- D. **Relevant Testing Information Should be Included:** Neuropsychological and psychoeducational assessment results are important in determining the current impact of the disorder on the individual's ability to function in academically related settings. If grade equivalents are reported, standard scores and/or percentiles must accompany them. Both, test scores and checklists, are inadequate for diagnosing ADHD when used alone. There is no substitute for thorough clinical observations and sound diagnostic judgement. All data must logically reflect a substantial limitation to learning.
- E. **Identification of DSM-IV Criteria:** A diagnostic report should include a review and discussion of the DSM-IV criteria for ADHD as well as an indication of what specific symptoms are being exhibited by the student.

In diagnosing ADHD, it is important to address the following criteria:

- Symptoms of hyperactivity/impulsivity or inattention which dates back to childhood

- Current symptoms must have been present for the last six months
- Impairments from the symptoms must be present in two or more settings
- Evidence of a significant impairment in social, academic, or occupational functioning
- Symptoms 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 a Personality Disorder)

F. **Documentation Must Include a Specific Diagnosis:** The report must include a specific diagnosis according to the DSM-IV diagnostic criteria. The evaluator should use direct terms and avoid terms such as “suggests,” “is indicative of,” or “attention problems.”

Individuals who only report problems in particular situations do not meet the prescribed diagnostic criteria for ADHD. A record of an individual’s history of prescribed medication use or experience in therapy sessions does not in and of itself support or negate the need for accommodations.

G. **An interpretative summary must be provided:** A well-written interpretative summary based on the evaluative process is a necessary component of documentation. Since a diagnosis of ADHD relies heavily on the interpretation of historical data and observation, as well as other diagnostic information, it is essential that professional judgement be utilized in the development of a summary which should include:

- A demonstration that the evaluator has considered and ruled out other explanations for the symptoms that are being exhibited
- An indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity are used to determine the presence of ADHD
- An indication of whether or not the candidate was evaluated while on medication and whether or not the prescribed treatment produced a positive response
- An indication and discussion of the substantial limitation to learning that is presented by the ADHD and the degree to which it affects the individual in the area in which accommodations are being requested
- An explanation concerning why specific accommodations are needed and how the effects of ADHD symptoms are mediated by the accommodations

H. **A rationale must accompany each suggested accommodation:** All diagnostic reports should include a list of accommodations that are suggested by the evaluator and a rationale for the suggestions. The suggestions should be realistic and reasonable. The Jacksonville State University Office of Disability Support Services will make the final determination of

whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

Confidentiality:

Jacksonville State University adheres to all legal provisions concerning our students' rights to privacy as mandated under various state and federal statutes.

These guidelines have been modified and adapted from the Office of Disability Policy for the Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults. *Educational Testing Service*, Princeton, New Jersey, 1998.