

Dean of Students Office
Disability Resources
Documentation Requirements for Attention-Deficit
Disorder/Attention-Deficit Hyperactivity Disorder
(ADD/ADHD)

I. A Qualified Professional Must Conduct the Evaluation

- A. The name, title, and professional credentials of the evaluator, including information about license or certification, as well as the area of specialization and state or province in which the individual practices should be clearly stated in the documentation. Comprehensive training in the differential diagnosis and the full range of psychiatric disorders, as well as, direct experience with an adolescent or adult ADHD population are essential.
- B. This documentation should be completed by a psychologist, neuropsychologist, school psychologist, psychiatrist, or other relevantly trained medical doctor, who has direct knowledge of you and your disability. 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 ADHD.
- C. All reports must be on letterhead, typed, dated, and bear the signature of the evaluator. Originals can be returned to student, if requested.
- D. Competence in working with culturally and linguistically diverse populations is also essential. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences.

II. Documentation Must Be Current

- A. Documentation must be current. Because the provision of reasonable accommodations and services is based upon UF's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation.
- B. 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 does not, in and of itself, warrant the provision of a similar accommodation.
- C. In most cases, this means that a diagnostic evaluation must have been completed within the past five years. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, re-evaluation may be required.
- D. In addition, changes may have occurred in the individual's performance since the

assessment, or new medications may have been prescribed or discontinued, which would result in the necessity of an update in the evaluation report. The update must include a detailed assessment of the current impact of the ADHD and interpretive summary of relevant information (see requirement #VI below) as well as the previous diagnostic report.

III. Documentation Necessary to Substantiate the Diagnosis Must Be Comprehensive

- A. Standard scores and/or percentiles must be provided for all normed measures. Grade equivalents must be accompanied with standard scores and/or percentiles.
- B. The data must logically reflect a substantial limitation to learning for which the student is requesting accommodation.
- C. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.
- D. The testing instruments must be reliable, valid, and standardized for use with a adolescent/adult population.
- E. Informal inventories, surveys, self reports, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.
- F. Evidence of Early Impairment

Because ADHD is, by definition in the DSM-IV, first exhibited in childhood (although it may not have been formally diagnosed) and manifests itself in more than one setting, relevant historical information is essential. The following should be included in a comprehensive assessment: clinical summary of objective historical information, establishing symptomology indicative of ADHD throughout childhood, adolescence, and adulthood as garnered from transcripts, report cards, teacher comments, tutoring evaluations, and past psycho-educational testing; and third party interviews when available.

- G. Evidence of Current Impairment

In addition to providing evidence of a childhood history of impairment, the following areas must be investigated:

- 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

The information collected for the summary of the diagnostic interview should consist of more than self-report, as information from third party sources is critical in the diagnosis of ADHD.

The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- developmental history;
- family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner;
- relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- 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 ;
- description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention, and
- relevant history of prior therapy.

Alternative Diagnoses or Explanations Should Be Ruled Out

- The evaluator must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses and medical and psychiatric disorders as well as educational and cultural factors affecting the individual that may result in behaviors mimicking an Attention-Deficit/Hyperactivity Disorder.
- Medical disorders may cause symptoms resembling ADHD. Therefore, it may be important to rule out Neuroendocrine disorders (e.g., thyroid dysfunction), Neurologic disorders, as well as other disorders, and impact of medication on attention if tried, and under what circumstances.

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. The evaluator must objectively review and include with the evaluation report relevant background information to support the diagnosis. If grade equivalents are reported, they must

be accompanied by standard scores and/or percentiles. Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. 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 ADHD. Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD 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.

Acceptable instruments include, but are not limited to:

Rating Scales

- *Conners Teacher Rating Scale* (age 3-17 years)
- *Conners Parent Rating Scale* (age 3-17years)

Aptitude/Cognitive Ability

- *Wechsler Adult Intelligence Scale - III* (WAIS-111)
- *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability*
- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet Intelligence Scale* (4 th ed.)

The *Slosson Intelligence Test - Revised* and the *Kaufman Brief Intelligence Test* are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation(s) decisions.

Academic Achievement

- *Scholastic Abilities Test for Adults* (SATA)
- D. *Stanford Test of Academic Skills* (TASK)
- *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement*
- *Wechsler Individual Achievement Test* (WIAT)

or specific achievement tests such as

- *Nelson-Denny Reading Skills Test*
- *Stanford Diagnostic Mathematics Test*
- *Test of Written Language - 3* (TOWL-3)
- *Woodcock Reading Mastery Tests - Revised*

Information Processing

- *Detroit Tests -of Learning Aptitude - 3* (DTLA-3)
- *Detroit Tests of Learning Aptitude - Adult* (DTLA-A).
- Information from subtests on *WAIS-R* or *Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

4. Identification of DSM-IV Criteria

According to the DSM-IV, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed individuals at a comparable level of development" (p. 78). A diagnostic report should include a review and discussion of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-IV for complete criteria).

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

- symptoms of hyperactivity/impulsivity or inattention that cause impairment that 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, home);
- clear evidence of significant impairment in social, academic, or occupational functioning*; and
- symptoms that 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, and a Personality Disorder).

IV. Documentation Must Include a Specific Diagnosis

- A. The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as "suggest" or "is indicative of".
- B. The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria.
- C. The diagnostician should use direct language in the diagnosis of ADHD, avoiding the use of such terms as "suggests is indicative of," or "attention problems."
- D. Individuals who report only problems with organization, test anxiety, memory or concentration in selective situations do not fit the prescribed diagnostic criteria for ADHD.

- E. 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).

V. Each Accommodation Recommended by the Evaluator Must Include a Rationale

- A. The evaluator must describe the impact, if any, of the diagnosed ADHD 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 the post-secondary institution can reasonably provide.
- B. A detailed 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.
- C. 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.
- D. 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.
- E. 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.
- F. 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.
- G. Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic under-achievement or failure, low self-esteem, chronic tardiness or lack of attendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.
- H. The evaluator should support recommendations with specific test results or clinical observations.

- I. The DR will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student. If the student is not satisfied with the determination, an appeal can be made through the University of Florida's ADA Coordinator within 180 days.

VI. An Interpretative Summary Must Be Provided

- A. An interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because ADHD 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.
- B. A clinical summary must include:
 1. Indication that the evaluator ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of other disorders or non-cognitive factors.
 2. Indication, of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD.
 3. Indication of whether or not the candidate was evaluated while on medication, and whether or not the prescribed treatment produced a positive response.
 4. Indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it affects the individual in the testing context for which accommodations are being requested.
 5. Indication as to why specific accommodations are recommended and how the effects of ADHD symptoms, as designated by the DSM-IV, would be mediated by the accommodations.

These guidelines were adapted from documents/books developed by,

Association on Higher Education and Disability (AHEAD).

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The primary intent of this document was to develop standard criteria for documentation used to determine appropriate accommodations for individuals with LD and cognitive impairments.

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