



## Attention Deficit/Hyperactivity Disorder (AD/HD) Documentation Guidelines

In order for Accessible Educational Services (AES) to determine reasonable accessibility measures/accommodations for Attention Deficit/Hyperactivity Disorder, the documentation submitted must include all of the information outlined below. This guideline provides information on the required components of professionally prepared documentation such as: diagnostic statements; diagnostic methodology; current functioning and impairment; qualified professionals; duration, progression, and stability of the condition. Documentation must also adhere to the AES General Documentation Guidelines. AES staff will review all requests for reasonable accessibility measures on a case-by-case basis and through the interactive process to make the determination of whether or not the information submitted for the requested reasonable accessibility measures are supported.

### Diagnosis of Attention-Deficit/Hyperactivity Disorder

Evaluators providing documentation to Indiana University Bloomington should utilize the definition and diagnostic criteria for AD/HD from the current version of the Diagnostic and Statistical Manual of Mental Disorders. A specific diagnosis and corresponding DSM-V code for an Attention-Deficit/Hyperactivity Disorder must be included in the report. *Documentation under the DSM-IV code is acceptable if not more than five years old.* AD/HD includes Combined Type, Predominately Inattentive Type, and Predominately Hyperactive-Impulsive Type. ***A diagnosis of AD/HD does not necessarily entitle an individual to accessibility measures/accommodations.*** The diagnostician should use direct language in the diagnosis of AD/HD, avoiding the use of terms such as “suggests,” “is indicative of,” or “attention problems.” Individuals who report only problems with organization, test anxiety, memory, and 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 alone either support or negate the need for accessibility measures, auxiliary aids and/or services.

### Documentation Guidelines for Attention Deficit/Hyperactivity Disorder

Accessible Educational Services uses as a reference the “Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults,” published by the Educational Testing Service: [www.ets.org](http://www.ets.org).

Evaluators are encouraged to remain cognizant of the following points:

- **An AD/HD diagnosis should not be made without clear evidence of problems dating back to childhood, although symptoms may not become functionally limiting until adolescence [or adult age].**
- There must be evidence of the functional impact of the qualifying medical condition based on current DSM criteria. An AD/HD diagnosis should never be made solely from a symptom count based on a checklist or rating scales.
- A full psycho-educational battery (series of tests) is required to meet the guidelines for AD/HD. A battery includes measures of aptitude tests (IQ) and achievement. It is unacceptable to administer only one test or subtest for the purpose of a new diagnosis or students with a previous diagnosis of AD/HD.



- The assessment of the student must not only establish a diagnosis of AD/HD but must also demonstrate the current impact of AD/HD on a student's ability to take standardized tests.
- Psycho-educational testing must be recent in order to accurately describe a student's current functional limitations and need for academic adjustments, accessibility measures and/or services.
- Professionals conducting assessment and rendering a diagnosis of AD/HD must be licensed professionals such as neuropsychologists or clinical psychologists. It is not appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

### **Diagnostic Tools**

Diagnostic reports for AD/HD must include the names, titles, and professional credentials of the evaluator(s) and include the signature of the professional(s) and the date(s) of testing. Reports must be typed and submitted on professional letterhead. Specific reporting format is left to the professional, but the required components must be clearly presented and easily discernable. Handwritten scores are not acceptable.

### **Assessment reports must include all of the following information (A through G) listed below:**

- A. Clinical Interview and History-** Including evidence of early impairment; relevant developmental, family, medical, and psychological history; history of presenting attentional symptoms; prior academic accessibility measures/accommodations; statement about the use and impact of medications and therapies; statement articulating the impact of the impairment on one or more major life activities.
- B. Intelligence/Aptitude Tests-** A complete intellectual assessment with all subtests, cluster scores, standard scores, and percentiles reported is required.
  - Examples of acceptable aptitude tests include the current versions of: The Wechsler Adult Intelligence Scale, The Woodcock-Johnson Tests of Cognitive Ability, and DAS-Nagleri.
- C. Academic Achievement-** A comprehensive academic achievement battery is required. Subtests cluster scores, standard scores, and percentiles must be reported. There is often a typical pattern of performance on achievement tests that can be quite helpful in diagnosing ADHD; ruling out co-morbidity of learning disorders and differentiating between difficulties in concentration versus simple lack of ability in any one area of achievement. The battery must include current levels of academic functioning including reading (decoding and comprehension) oral and written language, mathematics, and other relevant areas.
  - Examples of acceptable achievement tests include the current adult versions of: the Woodcock-Johnson Psycho-educational Battery, The Wechsler Individual Achievement Test, or the Scholastic Abilities Tests for Adults (SATA)
- D. Measures of Attention, Memory, and Discrimination-** Provides information about long-term and short-term memory, mental flexibility, and the ability to simultaneously attend to multiple demands, and sustained and selective attention over time.
  - Examples include: Wechsler Memory Scale – III (WMS-III); California Verbal Learning Test (CVLT); or the Verbal and Nonverbal Selective Reminding Tests; Tests of Variables Attention (TOVA); Gordon Diagnostic Symptom (GDS); Conners Continuous Performance Task (CPT)
- E. Executive Functioning-** Provides information about problem solving methods, frustration levels, restlessness, and distractibility.



- Examples include: Halstead – Reitan Category Test; Porteus Maze Test; Tower of London (sequencing and planning); Stroop Neurological Screening Test (SNST); Wisconsin Card Sort; Rey-Osterrieth Complex Figure Task; or Letter Cancellation Task
- F. **Rating Scales-** Self-Reports and Observer Reports: In addition to objective measures of attention and discrimination, information may be obtained and provided in the report utilizing self-reports and observer reports.
- Examples include: the Conners Adult AD/HD Rating Scale, CAARS; the long version of the self-report form, CAARS-S:L; the observer form, CAARS-O:L; and the Brown Attention Deficit Disorder Scale
  - Checklists and/or surveys can serve to supplement the diagnostic profile but are **not** adequate for the diagnosis of AD/HD and do not substitute for clinical observations and sound diagnostic judgment.
- G. **Summary-** A well-written interpretative summary based on a comprehensive evaluative process is required and should include:
- The possibility of dual diagnoses, and alternative or co-existing mood, behavioral, neurological, physical health, and/or personality disorders, which may confound the diagnosis of AD/HD.
  - Current and past symptoms; which symptoms of inattention and/or hyperactivity-impulsivity are present; the degree of severity of the symptom(s); and the supporting evidence for each symptom.
  - A discussion of how these symptoms significantly impair the student's functioning in a classroom is necessary to determine eligibility for services. Specific functional limitations of the student being evaluated must be included in order for AES to fully evaluate the necessity of accessibility measures.
  - Specific recommendations for accessibility measures, auxiliary aids and/or services that are realistic for a post-secondary institution.
  - A statement of whether or not the student was evaluated while on medication, and whether or not there is a positive/negative response to the prescribed treatment.
  - Evaluator's signature and credentials.

Completed documentation should be faxed or mailed via the information found at the bottom of this page.