GUIDELINES FOR DOCUMENTATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

Academic Advising Office
Grinnell College, Grinnell, Iowa
Phone: 641-269-3702; FAX: 641-269-3710

These guidelines were adapted from a document developed by a group of professionals from various organizations who formed the Consortium on ADHD Documentation[1]. The Consortium's mission was to develop standard criteria for documenting attention-deficit disorder, with or without hyperactivity (ADHD), that could be used by postsecondary personnel, licensing and testing agencies, and consumers requiring documentation to determine appropriate accommodations for individuals with ADHD.

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" (ADHD) and is used in this document.

INTRODUCTION

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 ADHD 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.

DOCUMENTATION GUIDELINES

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments and rendering diagnoses of ADHD 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 ADHD provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. 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 in adolescents and adults.

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[1] The Consortium on ADHD Documentation consists of Loring C. Brinckerhoff (Chairperson), Educational Testing Service; Kim M. Dempsey, Law School Admission Council; Cyndi Jordan, University of Tennesee—Memphis; Shelby R. Keiser, National Board of Medical Examiners; Joan M. McGuire, University of Connecticut—Storrs; Nancy W. Pompian, Dartmouth College; Louise H. Russell, Harvard University. Their guidelines were copyrighted 1998.

Use of diagnostic terminology indicating an ADHD diagnosis by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families.

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 Should Be Current

Because the provision of all reasonable accommodations and services is based upon Grinnell College'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. In most cases, this means that a diagnostic evaluation must have been completed within the past three years. Flexibility in accepting documentation that is more than three years old may be important under certain conditions if the previous assessment is applicable to the current or anticipated setting. 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. Furthermore, observed changes may have occurred in the individual's performance since the previous assessment, or new medications may have been prescribed or discontinued since the previous assessment was conducted. In such cases, it will be necessary to update the evaluation report. The update must include a detailed assessment of the current impact of the ADHD and an interpretative summary of relevant information (see Section III, G) and the previous diagnostic report. If necessary, Grinnell College staff will recommend what aspects of the documentation need to be updated or augmented in order to be reviewed more fully.

III. Documentation Should Be Comprehensive

A. 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, past psycho-educational testing, and third party interviews when available.

B. Evidence of Current Impairment

In addition to providing evidence of a childhood history of an 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 post-secondary 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
- relevant history of prior therapy

C. 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.

D. Relevant Testing Must Be Provided

Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on an individual's ability to function in academically related settings. The evaluator should objectively review and include with the evaluation report relevant background information to support the diagnosis and its impact within the current educational environment. 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.

E. 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 in 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 Appendix A for DSM-IV 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, or a Personality Disorder).

F. Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. 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."

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

G. An Interpretative Summary Should Be Provided

A well-written 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 in the development of a summary, which should include

1. 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;
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 there is a positive response to the prescribed treatment;

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 learning context for which accommodations are being requested; and
5. indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodations.

IV. Each Accommodation Recommended by the Evaluator Should Include a Rationale

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 should include specific recommendations for accommodations that are realistic and that post-secondary institutions, and examining, certifying, and licensing agencies can reasonably provide. A detailed explanation as to why each accommodation is recommended should 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. 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 documentation should 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 individual must include a detailed explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

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.