Guidelines for Documentation of AD/HD

References

These guidelines are adapted with permission from guidelines created by the Association on Higher Education and Disability (AHEAD) (www.ahead.org). Additional information was adapted with permission from Educational Testing Service (ETS) documentation guidelines (www.ets.org/disability/).

Confidentiality Statement

Widener University will not release any information to outside third parties regarding an individual’s diagnosis or documentation without his or her informed consent or under compulsion of legal process. Information will be released only on a "need to know" basis to University employees, agents and representatives, except where otherwise required by law.

Introduction

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and equal access to programs and services. Generally, to establish that an individual is covered under the ADA, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder/condition/syndrome in and of itself does not automatically qualify an individual for accommodations under the ADA. The documentation must also support the request for accommodations, academic adjustments, and/or auxiliary aids.

This document provides guidelines necessary to establish the existence of Attention-Deficit/Hyperactivity Disorder (AD/HD), to establish its impact on an individual's educational performance and, when applicable, to substantiate the need for accommodations. In instances where there may be multiple diagnoses, including learning disabilities, physical disabilities and psychiatric disabilities, evaluators should consult the relevant Widener University guidelines. These Guidelines may be revised, amended or revoked at any time in the sole discretion of the University.

Information and documentation submitted by students to verify accommodation eligibility must be comprehensive in order to avoid unnecessary delays in decision making related to the provision of accommodations.

This document presents guidelines in five important areas:
1) qualifications of the evaluator  
2) recency of documentation  
3) appropriate clinical documentation to substantiate the presence of AD/HD and its impact on learning  
4) evidence to establish a rationale supporting the need for accommodations  
5) multiple diagnoses.

Appendices A and B, respectively, provide recommendations for consumers and suggestions for assessment measures.

Documentation Guidelines

I. Qualifications of the Evaluator
Professionals rendering diagnoses of AD/HD, conducting evaluations to assess its impact on the student, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult AD/HD population is essential.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. The following are examples of professionals who would generally be considered qualified to evaluate and diagnose AD/HD, provided that they have additional training and experience in the assessment of AD/HD in adolescents and adults: licensed/certified clinical or educational psychologists, school psychologists, neuropsychologists, and qualified members of relevant medical specialties (e.g., psychiatrists, neuropsychiatrists, developmental pediatricians, neurologists). Use of diagnostic terminology indicating AD/HD by someone whose training and experience are not in these fields is not acceptable. Please note that in order to determine the impact of AD/HD on a student’s learning to substantiate accommodations recommendations, the professional must be qualified and trained to administer appropriate comprehensive learning assessments.

It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families or others with whom they have other personal or business relationships. All reports should be on letterhead, typed, dated, signed and otherwise legible.

II. Documentation
The provision of all reasonable accommodations and services is based upon assessment of the impact of the student’s disabilities on his or her academic performance at a given time in the student’s life. Therefore, it is in the student’s best interest to provide recent and appropriate documentation relevant to the student’s learning environment. At Widener, a general guide for adequate timeliness is assessment within the last three years.
III. Substantiation of AD/HD and Its Impact on Academic Performance

Documentation should validate the need for services based on the individual’s current level of function in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis.

III.A. Diagnostic Interview

An evaluation report should include the summary of a comprehensive diagnostic interview. A thorough developmental history is critical in the assessment and diagnosis of AD/HD. Although AD/HD is not always formally diagnosed in childhood, symptoms and behaviors consistent with AD/HD must be present throughout the developmental history in order to substantiate a diagnosis of AD/HD. If a student has no reported history of AD/HD, then the report should include an explanation for the emergence of the disorder at this point in the student’s developmental history.

A comprehensive assessment should include a clinical summary of objective, historical information establishing symptomatology indicative of AD/HD throughout childhood, adolescence, and adulthood as acquired from transcripts, report cards, teacher comments, tutoring evaluations, past psychoeducational testing, and third-party interviews, when available. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

1. History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
2. Family history of presence of AD/HD and other educational, learning, physical and/or psychological difficulties deemed relevant by the examiner
3. Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
4. Relevant psychosocial history and any relevant interventions
5. A thorough academic history of elementary, secondary and postsecondary education (including any prior accommodations and/or services that the student received and information about specific conditions under which the accommodations were used, and whether or not they benefited the student)
6. Review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
7. Description of currently manifesting problems pertaining to an educational setting that are presumably a direct result of problems with attention

When diagnosing AD/HD, there should be a clear history of the impact of the disorder in at least two settings (e.g., at home, school or work). This history should be summarized in writing.
IIIB. Assessment
The neuropsychological or psycho-educational evaluation is important in determining the current impact of the disorder on the student’s ability to function in academic settings. Any diagnoses or recommendations for accommodation should be based on a comprehensive assessment battery that does not rely on any one test or subtest.

Evidence of a substantial limitation to learning or other major life activity must be provided. A list of commonly used tests is included at the end of this guide. Minimally, the domains to be addressed must include the following:

1. Aptitude - A complete intellectual assessment with all subtests and standard scores reported.

2. Academic Achievement - A comprehensive academic achievement battery is essential, with standard scores reported for all subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language. A timed test of reading comprehension is often an important source of information in documenting the impact of certain learning disabilities on academic functioning.

3. Information Processing - Specific areas of information processing (e.g., short and long term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.

4. Psychosocial Functioning – A comprehensive statement regarding the assessment of general emotional functioning is expected to address the question of possible co-morbid disorders or alternative explanations for the symptoms or impairments experienced by the student.

Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

IIIC. Specific Diagnosis
The report must contain a specific diagnosis of AD/HD based on the DSM-IV-TR criteria. The diagnostician is encouraged to use direct language in the diagnosis and documentation of AD/HD, avoiding the use of terms such as “suggests” or “is indicative of”. It is important to rule out alternative explanations for problems in academic settings such as emotional, motivational or self-regulation problems that may be interfering with learning but do not constitute AD/HD. Individuals who report only problems with organization, test anxiety, memory or concentration in selective situations do not fit the 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, in and of itself, either support or negate the need for accommodations.
If the data indicates that a diagnosis of AD/HD is not warranted, the evaluator should state that conclusion in the report.

IIID. Test Scores
Standard scores and/or percentiles should be provided for all normed measures. Grade equivalents are not useful unless standard scores and/or percentiles are also included. Standard scores should be based on age norms rather than grade norms. The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student’s strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.

The tests used should be reliable, valid and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the impact of AD/HD upon learning. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

IIIE. Clinical Summary
A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgment be utilized in the development of a clinical summary. The clinical summary should include:

1. Demonstration of the evaluator’s having ruled out alternative explanations for academic problems or attentional symptoms as a result of medical disorders, poor education, poor motivation and/or study skills, emotional problems and cultural/language differences;

2. Indication of how the constellation of reported and observed symptoms, as well as patterns in the student’s cognitive ability, achievement and information processing, reflect the presence of AD/HD;

3. Indication of the substantial limitation to learning or other major life activity presented by AD/HD and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and

4. Indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations). The summary should indicate whether the student was evaluated while on medication, and whether or not there is a positive response to any prescribed psychopharmacological treatment.
IV. Recommendations for Accommodations
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 accommodation does not, in and of itself, warrant the provision of a similar accommodation.

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact the AD/HD has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified with appropriate rationales supporting them in the diagnostic report, Widener University may seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with Widener University. Noteworthy here is that time accommodations need to be specified. “Untimed” exams is too undefined. A specific amount such as 50% extra time should be specified based on student performance.

V. Multiple Diagnoses
Multiple diagnoses may require a variety of accommodations beyond those typically associated with only a single diagnosis, and therefore the documentation must adhere to applicable Widener University guidelines. For example, when accommodations are requested based on multiple diagnoses (e.g., a physical disability with an accompanying learning disability), documentation should also comply with the Widener University guidelines pertaining to the documentation of these specific disabilities. In such instances, an evaluator may want to consult with Widener University’s guidelines for documentation. Guidelines for documentation of psychiatric disabilities, physical disabilities and learning disabilities can be found at www.widener.edu/disabilitiesserv/accommodations.asp. They may also be obtained by contacting:

Disabilities Services
Widener University
One University Place
Chester, PA 19013-5792
Telephone: 610-499-1266
Fax: 610-499-1192

Appendix A - Recommendations for Consumers

1. If you are not currently under the care of a qualified professional and need assistance in identifying one, contact:
   a. your primary care physician to discuss obtaining a referral
b. the disability services coordinator or college counselor and/or mental health service provider at a college or university for possible referral sources

c. the high school guidance office and/or a counselor

d. a physician who may be able to refer you to a qualified professional with demonstrated expertise in psychological disorders

2. In selecting a qualified professional ask:

   a. what his or her credentials are
   b. what experience and training he or she has had diagnosing adolescents and adults
   c. whether he or she has training in differential diagnosis and the full range of psychological and learning disorders
   d. whether he or she has ever worked with a postsecondary disability service provider, a high school guidance counselor, or with the agency to which you are providing documentation
   e. whether you will receive a comprehensive written report

3. In working with the professional:

   a. take a copy of these guidelines to the professional
   b. encourage him or her to clarify questions with the person who provided you with these Guidelines
   c. be prepared to be candid and thorough in providing requested information
   d. know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:

   a. schedule a meeting to discuss the results, recommendations, and possible treatment
   b. request additional resources, support group information, and publications if you need them
   c. request a written copy of the assessment report
   d. maintain a personal file of your records and reports
   e. be sure to discuss the issues of confidentiality with the professional both at the outset of the evaluation as well as during the follow-up meeting

**Appendix B - Assessing Adolescents and Adults with Psychological Disorders**

This appendix contains selected examples of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations. All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests should also be normed on relevant
populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

1. **Rating scales**: Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:
   - Attention Deficit/ Hyperactivity Disorder Test
   - Beck Anxiety Inventory
   - Beck Depression Inventory-II
   - Brief Psychiatric Rating Scale (BPRS)
   - Brown Attention-Deficit Disorder Scales – Adolescent or Adult Versions
   - Burns Anxiety Inventory
   - Burns Depression Inventory
   - Children’s Depression Inventory
   - Conners’ Adult ADHD Rating Scales
   - Hamilton Anxiety Rating Scale
   - Hamilton Depression Rating Scale
   - Inventory to Diagnose Depression
   - Multidimensional Anxiety Scale for Children (MASC)
   - Profile of Mood States (POMS)
   - State-Trait Anxiety Inventory (STAI)
   - Taylor Manifest Anxiety Scale
   - Yale-Brown Obsessive-Compulsive Scale

2. **Neuropsychological and psychoeducational testing**: Cognitive, achievement, and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis. Acceptable instruments include, but are not limited to:
   - Kaufman Adolescent and Adult Intelligence Test
   - Stanford-Binet, Fourth Edition
   - Wechsler Adult Intelligence Scale-III (WAIS-III)
   - Woodcock-Johnson-III - Tests of Cognitive Abilities
The Slosson Intelligence Test – Revised, the Wechsler Abbreviated Scale of Intelligence (WASI) and the Kaufman Brief Intelligence Test are primarily screening devices that are not comprehensive enough to provide the kinds of information necessary to make accommodation decisions.

**Academic Achievement**

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)
- Wechsler Individual Achievement Test-II (WIAT-II)
- Woodcock-Johnson-III - Tests of Achievement
- Specific achievement tests, such as
  - Nelson-Denny Reading Test
  - Stanford Diagnostic Mathematics Test
  - Test of Written Language-3 (TOWL-3)
  - Woodcock Reading Mastery Tests-Revised
  - Gray Oral Reading Tests, 4th Edition (GORT-4)

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

**Information Processing**

- California Verbal Learning Test-II
- Continuous Performance Test
- Controlled Oral Word Association
- Detroit Tests of Learning Aptitude-Adult (DTLA-A)
- Detroit Tests of Learning Aptitude-3 (DTLA-3)
- Halstead-Reitan Neuropsychological Test Battery
- Paced Auditory Serial Addition Test
- Rey-Osterrieth Complex Figure Test
- Ruff 2&7 Selective Attention Test
- Ruff Figural Fluency Test
- Ruff-Light Trail Learning Test
- Stroop Color and Word Test
- Trail Making Test
- Wechsler Memory Scale III (WMS-III)
- Wisconsin Card Sorting Test
- Information from subtests on the WAIS-III or Woodcock-Johnson-III - Tests of Cognitive Abilities, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.
3. Personality Tests:

Acceptable instruments may include, but are not limited to:

- Millon Adolescent Personality Inventory (MAPI)
- Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- NEO Personality Inventory-Revised (NEO-PI-R)
- Personality Assessment Inventory (PAI)
- Rorschach Inkblot Technique
- Sixteen Personality Factor Questionnaire (16PF)
- Thematic Apperception Test (TAT)