

Guidelines for Documenting Attention Deficit/Hyperactivity Disorder (ADHD)

- 1.) **A Qualified Evaluator.** Professionals conducting assessments, rendering the diagnosis of ADHD, and making recommendations for accommodations must be qualified to do so (e.g., psychiatrist, M.D., licensed psychologist, or neuropsychologist). the evaluator may not be a family member. The documentation must:
 - include evaluator's name, title, professional credentials, license and/or certification number,
 - be presented in English on the professional's letterhead, typed, dated, signed, and legible.

- 2.) **Current Documentation.** ADHD's impact can change over time. To determine appropriate accommodations, ADHD documentation should be current – preferably within the past three years.

- 3.) **Comprehensive Documentation.** *ADHD is complex, affecting each person differently. ADHD documentation must give a full picture of the individual, not simply a diagnosis. This includes:
 - *Thorough discussion of:*
 - o historical information showing evidence of ADHD in childhood/adolescence,
 - o relevant psychosocial, medical, and medication history,
 - o a thorough academic history including a history of ADHD-related accommodation, and
 - o evidence of current impairment, and a statement of presenting problem(s).
 - *Diagnostic instruments, which are not required but are preferred. These might include:*
 - o measures of aptitude and achievement,
 - o measures of memory and processing speed,
 - o continuous performance, and attention or tracking tests, and
 - o diagnostic checklists and rating scales to assess psychological and learning disorders

** Online self-reports, unlike in-depth evaluations, typically do not contain first-hand information, clinical observations, and assessment data regarding the ways and to what degree a disability impacts and/or functionally limits a student. We require more information than an online self-report modality provides in order to establish a clear diagnosis and determine a student's need for an accommodation to ensure full access.*

 - *A diagnosis of ADHD, including:*
 - o Clearly stated ADHD diagnosis and subtype, with diagnostic code,
 - o DSM criteria, including symptomatology, on which the diagnosis is based,
 - o evidence of impact in two or more settings (e.g. school, work, or home),
 - o the ruling out of alternative explanations and co-morbid diagnoses, and
 - o CANNOT include wording such as "seems to indicate" or "suggests," or only refer to ADHD as "Attention problems" or "Attention issues,"
 - *Description of current treatments used to ameliorate the impact of ADHD.*
 - *Evidence of current functional limitations in an academic environment [IMPORTANT] – the ways that the diagnosed ADHD currently substantially limits the student in the major life activity of learning. The report must establish that the ADHD symptoms cause significant impairment in learning; judgments of severity should be based on comparison to the general population. For example, how do the symptoms of ADHD impair this student's ability to learn, and how have they interfered with educational achievement?*
 - *Recommendations for accommodations* in a post-secondary academic environment can be helpful if they include a clear rationale. Each recommendation should be based on interview, observation, and/or testing and correlated with both the diagnosis and the student's functional limitations.

- 4.) **Supporting Documentation.** While required, the report of the qualified evaluator is by no means the only documentation we can use to better understand and accommodate the student with ADHD. Other helpful documents are records of accommodation on standardized tests such as SAT or ACT, high school 504 plans or IEP's, previous psycho-educational evaluations, report cards, transcripts, and teacher, tutor, or employer reports. If needed for evaluation purposes, DASS will access student transcripts (e.g., classes taken, and grades earned at SMU). and teacher, tutor, or employer reports.