



Attention Deficit/Hyperactivity Disorder (ADHD) Documentation Guidelines

Introduction

This document provides students, schools, professional diagnosticians, and service providers with a common understanding and knowledge base of the components of documentation that are necessary to validate the existence of ADHD, the impact of ADHD on the individual's educational performance, and the need for accommodations for students seeking reasonable academic accommodations at the University of Pennsylvania. The information and documentation to be submitted should be comprehensive in order to avoid or reduce unnecessary time delays in decision making related to the provision of services.

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 equal access. 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.

In the main section of the document, information is presented in four important areas: (1) qualifications of the evaluator; (2) recency of documentation; (3) comprehensiveness of the documentation to substantiate the ADHD; and (4) evidence to establish a rationale to support the need for accommodation(s).

Documentation Requirements

A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments rendering diagnoses of ADHD and making recommendations for accommodations 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 adult ADHD population: 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 adults.

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.

Documentation Must be Current

Because the provision of all reasonable accommodations and services is based upon the University of Pennsylvania'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 using adult-normed instruments. 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.

Documentation Must 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, and/or past psychoeducational testing; as well as 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 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
- 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.

Relevant Testing Information Must Be Provided

The assessment of the individual must not only establish a diagnosis of ADHD, but must also demonstrate the current impact of the ADHD on academic functioning in postsecondary education. In addition, psychoeducational assessment is important in determining the current impact of the disorder on an individual's ability to function in academically related settings. The Office of Student Disabilities Services views a complete psychoeducational assessment as the primary tool for determining the degree to which the ADHD currently impacts functioning in postsecondary education. Acceptable instruments include, but are not limited to:

- **Aptitude/Cognitive Ability**

- Wechsler Adult Intelligence Scale - III (WAIS-III)
- Woodcock-Johnson-III - Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet IV

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**

- Woodcock-Johnson-III - Tests of Achievement
- Wechsler Individual Achievement Test (*WIAT*)
- Scholastic Abilities Test for Adults (*SATA*)
- Stanford Test of Academic Skills (*TASK*)

- **or specific achievement tests such as**

- Nelson-Denny Reading Test
- Test of Written Language - 3 (*TOWL-3*)
- Woodcock Reading Mastery Tests – Revised

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

- **Information Processing**

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

The evaluator must 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.

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).

An Interpretative Summary Must 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 must include:

- demonstration of the evaluator having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors
- 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
- indication of whether or not the student was evaluated while on medication, and whether or not the prescribed treatment produced a positive response
- 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
- 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.

Each Accommodation Recommended by the Evaluator Must 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 must include specific recommendations for accommodations that are realistic and that postsecondary institutions can reasonably provide. 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. 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 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. 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.

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 inattendance) 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.

If the requested accommodations are not clearly identified in the diagnostic report, Student Disability Services will seek clarification, and if necessary, more information. Student Disability Services will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

Consortium on ADHD Documentation

These materials were adapted from a document developed by a group of professionals from various organizations who formed the Consortium on ADHD Documentation (1999). 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.

Summary of Acceptable Instruments for Measuring the Academic Impact of Attention Deficit/Hyperactivity Disorder

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