

## **DOCUMENTATION GUIDELINES: ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

Students who are requesting services from Disability Support Services at National University of Health Sciences are required to submit documentation under the Americans with Disabilities Act Amendments (ADAAA) and Section 504 of the Rehabilitation Act of 1973. Individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and the right to equal access to programs and services. A diagnosis of a disability alone does not automatically qualify an individual for accommodations under the ADAAA. To establish the need for a reasonable accommodation, the documentation must indicate the disability substantially limits one or more major life activities, and supports the request for services, accommodations, academic adjustments, and/or auxiliary aids.

This document provides guidelines necessary to establish the impact of the disability on the individual's educational performance and participation in other University programs and activities, and to validate the need for accommodations.

Submitted information must be current and comprehensive in order to avoid unnecessary delays in granting the accommodations. Students may be asked to provide updated comprehensive information if their condition is potentially changeable and/or previous documentation doesn't include sufficient relevant information. All documentation must conclude with a section devoted to recommendations linked to the disability that are appropriate to the educational program.

### **1. A qualified professional must conduct the evaluation**

Professionals conducting assessments and rendering diagnoses of AD/HD and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of psychiatric disorders are essential. A professional who is certified or licensed and trained in psychiatric, psychological, neuropsychological and/or psycho-educational assessment of adults such as: Clinical Psychologist, Neuropsychologist, Psychiatrist, Neurologist, or Neurodevelopmental Physician.

### **2. Documentation must be current**

Disability Support Services acknowledges that once a person is diagnosed as having a qualified disability under the Americans with Disabilities Act the disability is normally viewed as life-long. Although the disability will continue, the severity of the condition may change over time. Therefore, the evaluation must present a current picture of how the student performs. Generally the evaluation should have been completed within the last three years. Because the provision of accommodations and services is based on the current impact of the student's disability on learning in the college setting, it is in the student's best interest to provide recent and appropriate documentation. If changes have occurred in the student's performance since the last assessment or if prescribed medications have been altered, the student may be required to submit updated information. Disability Support Services reserves the right to request updated or augmented documentation in order to have a more accurate picture of the current level of functioning.

### **3. 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 past psycho-educational testing; and third party interviews when available.
- b. Evidence of current impairment: The documentation must not only establish a diagnosis of ADHD, but must also demonstrate the current impact of the ADHD on an individual's ability to function in an academic setting. A complete psycho-educational assessment, including rating scales, aptitude and achievement testing, and another objective measurement of attention (CCPT, TOVA, GDS, etc) is necessary in order to determine eligibility for services.

## **EVIDENCE OF A CURRENT IMPAIRMENT**

### **1. Diagnostic Interview**

An evaluation report should include the summary of a comprehensive diagnostic interview by a qualified evaluator. It should include a summary and description of the presenting problem(s); developmental history; relevant medical history, including the absence of a medical basis for the present symptoms; academic history; relevant family history; relevant psychosocial history; a discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological, and/or personality disorders along with any history of relevant medication use that may affect the individual's learning.

### **2. Assessment Measures**

The diagnosis of AD/HD is strongly dependent on the clinical interview in conjunction with a variety of formal and informal measures. Since there is no one test, or specified combination of tests, for determining ADHD, the diagnosis of an attention deficit/hyperactivity disorder (AD/HD) requires a multifaceted approach. Any tests that are selected by the evaluator should be technically accurate, reliable, valid and standardized on the appropriate norm group.

When diagnosing AD/HD, in addition to a clinical interview, rating scales (ex. Wender Utah, Brown Attention-Activation Disorder Scale, Beck Anxiety Inventory, Hamilton's Depression Rating Scale, Conners Teacher and Parent Rating Scale) which quantify the nature of the impairment should also be included, in conjunction with data from a continuous performance test (ex. C-CPT, T.O.V.A., GDS, IVA, etc.), and other cognitive testing.

Cognitive and achievement profiles may suggest attention or information processing deficits, and may also determine the co-existence of a specific learning disability. Assessment, and any resulting diagnosis of a learning disability, should consist of

and be based on a comprehensive assessment battery, which does not rely on any one test, or subtest. **Both aptitude and academic achievement must be evaluated and included in the test report.** Average broad cognitive functioning must be demonstrated on an individually administered intelligence test. Quantitative and qualitative information that supports the diagnosis, **including all subscale/subtest scores, should be listed. Objective evidence of a substantial limitation to learning must be provided.**

**Each of the following should be provided:**

- a. **Aptitude** (A complete intellectual assessment with all subtests and standard scores reported is essential.): WAIS-III, Stanford-Binet IV, Woodcock-Johnson Psycho-educational Battery: Test of Cognitive Ability.
- b. **Academic Achievement** (A comprehensive academic achievement battery is essential, with all subtests and standard scores reported for those subtests administered. The battery must include current levels of academic functioning in relevant areas such as reading [decoding and comprehension], mathematics, and oral and written language.): Woodcock-Psycho-educational Battery III: Test of Achievement, Weschler Individual Achievement Test (WAIIT), Stanford Test of Academic Skills (TASK), Scholastic Abilities Test for Adults (SATA).  
**\*NOTE:** screening instruments, or abbreviated testing instruments do not provide enough detailed information and may not be sufficient to determine eligibility and accommodations.
- c. **Information Processing** (Specific cognitive processing strengths, weaknesses and deficits should be discussed): Visual spatial abilities, Memory, Fine motor/dexterity, Executive functions (verbal/nonverbal reasoning), Selective attention/perception (auditory/visual), Oral language skills.

**3. Informal Assessment**

Social-emotional assessment is helpful in order to rule-out a primary emotional basis for learning difficulties. Social-emotional status should be assessed and discussed. If applicable, a mental health diagnosis should be clearly stated. Colleges need to know differential diagnosis of psychological disorders that impact upon academics from learning disabilities. College is typically quite stressful for students who have disabilities. In an attempt to better serve students, it is helpful to know about their personality characteristics, psychological welfare, self-esteem and ability to respond to stress.

**4. Interpretative Summary**

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:

- a. 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
- b. 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
- c. indication of whether or not the candidate was evaluated while on medication, and whether or not the prescribed treatment produced a positive response
- d. indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it affects the individual in a higher education setting.
- e. 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

**All documentation must include the following:**

- a. Names of assessment instruments used and dates of testing.
- b. Quantitative and qualitative information that supports the diagnosis (including subtest scores).
- c. The areas of educational impact and the severity of the condition.
- d. Previous history of the disability and verification of any previous testing.
- e. Recommendations for reasonable accommodations the university may provide.
- f. Notation of medications prescribed, if any, and potential impact on learning.
- g. Additional observations or recommendations that could help the student.
- h. The names, titles, addresses, phone numbers, state of license and license number of the evaluator(s).

Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Support Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, Disability Support Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

The aforementioned guidelines are provided so that Disability Support Services can respond appropriately to the individual needs of the student. Disability Support Services reserves the right to determine eligibility for services based on the quality of the submitted documentation. Documentation may need to be updated or supplemented in order to be considered complete. **Students who submit partial or incomplete documentation that does not meet the guidelines will not be eligible for services or granted accommodations.**

Send all documentation to:

Disability Support Services  
National University of Health Sciences  
200 E. Roosevelt Road  
Lombard, IL 60148  
630-889-6546 Phone  
630-889-6655 Fax