

STUDENT  
DISABILITY  
SERVICES

DOCUMENTATION GUIDELINES

Attention Deficit/  
Hyperactivity Disorder



Date: 06/22/06

This document was adapted from the Association on Higher Education and Disability (AHEAD Best Practices: Seven Essential Elements of Quality Disability Documentation) and from Educational Testing Services (Policy Statement for Documentation of Attention-Deficit/Hyperactivity Disorder in Adolescents and Adults, April 1998).

## Introduction

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with Attention-Deficit/Hyperactivity Disorder (ADHD) are guaranteed certain protections and rights to equal access to programs and services. In order to access these rights, an individual must present documentation indicating that the disability substantially limits some major life activity, including learning. The following documentation requirements are provided in the interest of assuring that documentation for ADHD is appropriate to verify eligibility and to support requests for accommodations, academic adjustments, and/or auxiliary aids.

Requirements for documentation are presented as seven essential elements:

- the credentials of the evaluator;
- a diagnostic statement identifying the disability;
- a description of the diagnostic methodology used;
- a description of the current functional limitations;
- a description of the expected progression or stability of the disability;
- a description of current and past accommodations, services, and/or medications; and
- recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

## Essential Elements of Quality Disability Documentation

### 1. The Credentials of the Evaluator(s)

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected. 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: 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.

The following information regarding the evaluator must be clearly stated in the documentation:

- Name
- Title
- Professional Credentials
  - License or Certification
  - Area of Specialization
  - State in which individual practices

All reports should be on letterhead, typed, dated, signed, and otherwise legible.

**2. A Diagnostic Statement Identifying the Disability**

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

**3. A Description of the Diagnostic Methodology Used**

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

**4. A Description of the Current Functional Limitations**

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

For ADHD, relatively recent (i.e., three years) documentation is recommended in most circumstances. Changing conditions and/or changes in how the condition impacts the individual brought on by growth and development warrants more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

**5. A Description of the Expected Progression or Stability of the Disability**

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for



exacerbations and recommended timelines for re-evaluation are most helpful.

**6. A Description of Current and Past Accommodations, Services and/or Medications**

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

**7. Recommendations for Accommodations, Adaptive Devices, Assistive Services, Compensatory Strategies, and/or Collateral Support Services**

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

*Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. Appropriate accommodations must be supported by documentation and collaboratively determined by the student and Disability Services Staff at the University of Northern Iowa.*

**Documentation Delivery Instructions**

**All documentation, along with a completed Request for Services form and a completed Request for Documentation Review form, should be submitted to:**

Student Disability Services  
University of Northern Iowa  
103 Student Health Center  
Cedar Falls, IA 50614-0385

OR

(319)-273-6884 (Fax)

**All documentation is considered confidential and is treated as such.**

**Appendix A: Recommendations for Consumers**

1. For assistance in finding a qualified professional:
  - contact the school counselor or disability services coordinator at the institution you attend(ed) or one that is similar to the institution you plan to attend;
  - discuss your future plans with the school counselor or disability services coordinator at the institution you attend(ed) or plan to attend; and
  - refer to the attached list of resources and organizations for further assistance.
  
2. In selecting a qualified professional:
  - ask what his or her credentials are;
  - ask what experience he or she has had working with adolescents or adults with ADHD; and
  - ask if he or she has ever worked with the service provider at your institution.
  
3. In working with the professional:
  - take a copy of this policy to the professional; encourage him or her to clarify questions with the person who provided you with these guidelines;
  - be prepared to be forthcoming, thorough, and honest with requested information; and
  - know that professionals must maintain confidentiality with respect to your records and testing information.
  
4. As follow-up to the assessment by the professional:
  - request a written copy of the assessment report;
  - request the opportunity to discuss the results and recommendations;
  - request additional resources if you need them; and
  - maintain a personal file of your records and reports.

## Appendix B: DSM-IV Diagnostic Criteria for ADHD

Permission is required to reproduce the DSM-IV. Contact the American Psychiatric Association, Washington, DC.

(The information in this appendix is taken from Diagnostic and Statistical Manual of Mental Disorders (4th edition, pp. 83-85), by the American Psychiatric Association, 1994, Washington, DC. Copyright 1994 by the American Psychiatric Association. Reprinted with permission.)

The following diagnostic criteria for ADHD are specified in the DSM-IV:

1. Either (A) or (B):

**A.** Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### **Inattention**

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities

**B.** Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### **Hyperactivity**

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often "on the go" or often acts as if "driven by a motor"
- often talks excessively

### **Impulsivity**

- often blurts out answers before questions have been completed

- often has difficulty awaiting turn
  - often interrupts or intrudes on others (e.g., butts into conversations or games)
2. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
  3. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
  4. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
  5. The symptoms 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).

The DSM-IV specifies a code designation based on type:

- 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type:** if both Criteria 1A and 1B are met for the past 6 months
- 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type:** if Criterion 1A is met but Criterion 1B is not met for the past 6 months
- 314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type:** if Criterion 1B is met but Criterion 1A is not met for the past 6 months.

**Coding note:** For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

- 314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified:** This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention- Deficit/ Hyperactivity Disorder.