



## CENTER FOR STUDENT ACADEMIC SUPPORT

### AD/HD Documentation Guidelines for the Diagnosing Professional

#### INTRODUCTION

It is the responsibility of each student requesting services from the University of Tulsa to provide a comprehensive written evaluation of his/her AD/HD. Any correspondence regarding the appropriateness or comprehensiveness of the submitted documentation will be sent to the student. It is the student's responsibility to obtain additional information or clarification, if requested by the Eligibility Committee.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, students with verified AD/HD who are otherwise qualified to attend the University are protected from discrimination and assured equal access to educational programs. In order to establish that an individual with AD/HD is qualified for accommodations under the ADA, the documentation of AD/HD must indicate **whether the disabling condition substantially limits a major life activity including learning, i.e., "Some impairment from the symptoms is present in two or more settings (e.g., at school [work] and at home" (APA, 1994, p. 84).**

#### DIAGNOSING PROFESSIONALS' CREDENTIALS

These guidelines are designed to: 1) validate the existence of AD/HD, 2) determine its impact on the student's educational performance, 3) identify the need for accommodations, and 4) develop the appropriate accommodations to be provided. As such, two aspects of AD/HD must be addressed - the medical and the educational.

The following professionals are considered qualified to evaluate and diagnose AD/HD, as long as they have comprehensive training in the differential diagnosis of AD/HD and direct experience with an adolescent or adult AD/HD population:

- licensed/certified psychologist;
- certified school psychologist;
- qualified medical specialist (e.g., psychiatrist, neuropsychiatrist, developmental pediatrician, neurologist or other relevantly trained medical doctor certified by the American Board of Medical Specialties).

The following Educational Specialists are qualified to administer additional testing to determine the educational impact of the AD/HD diagnosis and to make appropriate recommendations for accommodations:

- certified school psychologist;
- licensed psychologist or neuropsychologist who has training in educational testing;
- educational diagnostician/specialist working in conjunction with a licensed psychologist.

**Use of diagnostic terminology indicating an AD/HD diagnosis by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families.**

## **THE REPORT**

### **GENERAL GUIDELINES**

The data supportive of an AD/HD diagnosis cannot be exclusively self-report or impressionistic. The specific reporting format is left to the professional, but the required components must be clearly presented and easily discernable. Regardless of the format used, all assessment reports must include:

- history of presenting attentional symptoms (including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time) to establish the rationale for obtaining documentation;
- family history of presence of AD/HD and other relevant educational, learning, physical and/or psychological difficulties;
- relevant medical and medication history (including the absence of a medical basis for the symptoms being evaluated);
- relevant psychosocial history/interventions;
- a thorough academic history (including any prior accommodations and/or services that the student received, the conditions under which the accommodations were used, and whether or not these benefited the student);
- prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems;
- description of currently manifesting problems pertaining to an educational setting that are presumably a direct result of problems with attention;
- a clear explanation of the presence of compensatory strategies employed by the examinee in any of the DSM-IV diagnostic criteria, and when and why such strategies may be insufficient;
- an employment history, if relevant;
- **standard scores from AD/HD rating scales (teacher or parent or self) MUST be included in the report along with other relevant AD/HD measures, if given.**

In cases where evaluation or updating of current documentation is required to determine a current need for services, students will be asked to provide additional documentation. A copy of the original diagnostic documentation should be included with the current documentation, if it is available.

**There should be a clear history of the impact of the disorder in at least two settings (e.g., at home, school and/or work). This history should be summarized in writing. If the student has no reported history of AD/HD, then the report should include the student's history of attentional problems. The report is to be submitted on professional letterhead and must include the diagnosing professional's signature, a list of appropriate certifications, and licensing information.**

If the above information is assembled by a multidisciplinary team, all components of the evaluation including psychological, educational and social reports (including behavioral rating scales) should be included with the summary report of the group. **A school plan** (e.g., Individual Educational Plan [IEP], 504 Plan, or Transition Plan) **alone is not sufficient documentation to establish a student's eligibility for accommodations and/or services.** However, these plans may provide important information concerning the student's history of receiving services and must accompany the professional's report (unless they were not developed). In cases where no IEP, 504 Plan, or Transition Report was developed, a letter must be sent from the school indicating the type of academic accommodations that were provided.

## **REPORT CONTENTS**

Diagnosing professionals are required to use tests that are the most reliable measures. These tests should be administered in their entirety, with clear justification of any change from standard administration.

When diagnosing AD/HD in adults, the measurement rationale cannot be based on formulae for childhood populations unless it has been demonstrated that the formulae hold true for adults. It is incumbent upon the diagnosing professional to explain the use of such formulae.

All diagnoses of AD/HD or any co-occurring psychological disorders **MUST** follow the diagnostic procedures presented in the most recent edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association (APA). The present edition of this manual is the fourth edition, DSM-IV (1994).

For practical considerations, this includes, but is not necessarily limited to, the following diagnoses:

- 314.01 Attention Deficit/Hyperactivity Disorder, Combined Type
- 314.00 Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
- 314.01 Attention Deficit/Hyperactivity Disorder, Predominantly Hyperactive/Impulsive Type
- 314.9 Attention Deficit/Hyperactivity Disorder, NOS

The report must, at some point in the report, include a specific diagnosis of AD/HD based on the DSM-IV diagnostic criteria and consistent with state guidelines. The diagnostician should use direct language in the diagnosis of AD/HD, avoiding, whenever possible, the use of terms such as “suggests”, “is indicative of”, or “attentional problems”. 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.

Diagnosing professionals should assess for the presence of co-occurring disorders when the student's history and/or presenting symptoms warrant this. A comprehensive statement regarding general emotional functioning is expected. Please take special care in explaining the contribution the co-occurring disorder makes to the AD/HD. The following questions should be addressed in this section of the report:

- Are co-occurring conditions present? To what extent and in what ways do these conditions impact the individual's adjustment?
- How did the examiner assess for the presence of co-occurring conditions?
- Do the co-occurring conditions better explain the impairment or symptoms associated with the AD/HD issues? If not, why not?

Please include information about any course of therapy and/or pharmacological treatment recommended.

Neuropsychological or psychoeducational assessment is important in determining the **current impact of the disorder on the individual's ability to function in academic settings**. 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 AD/HD. All data must logically reflect a **substantial limitation to learning** for which the individual is requesting accommodation.

**Standard scores from AD/HD rating scales (teacher or parent or self) MUST be included in the report along with other relevant AD/HD measures, if given**. In addition, all diagnostic reports should be accompanied by an analysis of educational functioning. This should include tests relevant to assessing the educational achievement of the student and speak to areas of academic deficiency and difficulty. The evaluation should include an assessment of academic aptitude and achievement in the basic areas of reading, written language, mathematics and presentation of how the student's AD/HD negatively impacts his/her academic achievement. In addition, all diagnostic reports must include assessment of the student's information-processing strengths and weaknesses. Since time can be an important factor for some students, please indicate the importance of time with regard to performance.

### **Tests of Aptitude & Achievement**

Tests considered appropriate for assessing adolescents and adults are provided in the following list. It is not intended to be definitive or exhaustive.

### ***Aptitude***

- Wechsler Adult Intelligence Scale -Revised (WAIS-III)
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet Intelligence Scale (4th ed.)
- Wide Range Intelligence Test (WRIT)
- Differential Ability Scales (DAS)

### ***Achievement***

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Nelson-Denny Reading Skills Tests
- Stanford Diagnostic Mathematics Test
- Test of Written Language - 3 (TOWL-3)
- Woodcock Reading Mastery Tests - Revised

### **Summary and Recommendations**

The diagnosing professional should provide a summary of findings from the assessment procedure. The summary should include:

- Demonstration of the diagnosing professional's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors such as lack of environmental support or stimulation. Specific statements as to why any of the above factors do not better explain the impairment or symptoms should be made.
- Indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and in different settings are used to determine the presence of AD/HD.
- Indication of whether the student was evaluated while on medication, and whether or not there is a positive response to the prescribed treatment.

The diagnosing professional should provide recommendations for individualized accommodations and/or services that are clearly linked to the present data.

### **SENDING THE REPORT**

Completed reports must be sent from the service provider and faxed to the Center for Student Academic Support at 918-631-3459 or sent to:

University of Tulsa  
Center for Student Academic Support  
Attn: Dr. Jane Corso  
600 S College Ave.  
Tulsa, Ok 74104