

## **Documentation Requirements**

### **ADHD**

#### **I. A Qualified Professional Must Conduct the Evaluation**

The professional conducting the assessment must be qualified in administration, scoring, and interpretation of psychological assessment tools. Identifying information such as name, title, professional credentials and license or certification number (if applicable) should be included in the assessment report. Professionals who are qualified to conduct psychological evaluations include: clinical, educational, or school psychologists, neuropsychologists, learning disabilities specialists, and medical doctors with training and experience in the assessment of ADHD.

It is important to note that PSD will not accept documentation performed by a family member or a close family friend, even if the evaluator is otherwise qualified.

The documentation must be on official letterhead, typed, dated, and signed by the evaluator.

#### **II. The Documentation Must Be Current**

Although ADHD is generally considered to be a lifelong disability, the impact of the disability may change over time. Therefore, it is important that PSD have an accurate picture of the student's current functioning. Furthermore, it is necessary that the student's functional limitations are assessed using adult norms.

PSD will accept documentation of psychological evaluations that have been conducted in the past **three** years, if the evaluation used adult measures.

Note to incoming freshman: We will not accept psychological evaluations that diagnose ADHD based on children's norms (i.e. WISC-III). If your last psychological evaluation was completed before you were 16 years old, it was likely conducted using children's assessment tools.

#### **III. The Documentation Must Be Comprehensive**

A comprehensive evaluation is needed to establish eligibility for accommodations in a post-secondary institution. A School IEP or 504 Plan will not be accepted as documentation of ADHD. A letter from a physician or other professional is not sufficient to document ADHD; medication cannot be used to imply a diagnosis.

The following components are considered necessary for a comprehensive evaluation:

A **Diagnostic Interview** including, but not limited to the following:

- Presenting problem
- Evidence of early impairment of ADHD symptoms exhibited in two or more settings
- Developmental history
- Relevant medical history
- Thorough educational history
  - History of academic strengths/weaknesses
  - Previous accommodations or any additional academic resources
  - Relevant grades, standardized test performance etc.
- Family history
- Relevant psychological history
- Relevant employment history

### **Psychometric Assessment**

In order to diagnosis ADHD a comprehensive psychological evaluation should be performed. This evaluation is necessary to rule out the possibility of another disability (e.g. learning disability), as well as to assess the impact of ADHD symptoms on the student's current academic functioning.

Test scores can not be used as the sole reason for an ADHD diagnosis, but should be used to supplement the student's profile. The following domains should be addressed to provide a comprehensive picture of the student's functioning:

- **Aptitude/Cognitive Ability:** a valid assessment should be administered using all subtests, standard scores (no age/grade equivalents) must be provided
  - Accepted Instruments include but are not limited to: WAIS-III (preferred), Stanford-Binet Intelligence Scale, WJ Tests of Cognitive Ability
  - Unacceptable Instruments: WISC-III, KBIT, WASI, other abbreviated instruments
- **Academic Achievement:** this assessment must be comprehensive and assess skills in reading, writing, math, and oral expression. Please also include fluency scores in each academic area. All subtests administered and resulting standard scores (no age/grade equivalents) must be reported.
  - Accepted Instruments include but are not limited to: WJ-III Tests of Achievement Assessment (preferred), WIAT-II, Nelson-Denny Reading Test, TOWL-3
  - Unacceptable Instruments: WRAT, MBA, other abbreviated instruments
- **Cognitive/Information Processing:** tests assessing memory, executive functioning, processing speed, cognitive fluency, attention, motor functioning, sensory-perceptual functioning should be administered as needed to support a diagnosis

and/or provide a more comprehensive picture of strengths and weaknesses. Common tests include: WMS-III, WJ-III Tests of Cognitive Ability, CVLT-II, D-KEFS, CPT II, Grooved Pegboard etc.

- Other ADHD screening instruments such as ADHD Checklists (BASC, Conner's Rating Scales etc.)

### **Clinical Summary/Interpretation**

The evaluator should include a list of the tests administered. All scores must be included and reported as standard scores, (age or grade equivalents are not acceptable). Finally, the scores must be accompanied by a thorough interpretation. The interpretation should address:

- The possibility of alternative diagnoses or explanations and address how the evaluator ruled out these alternatives.
- The substantial limitation the ADHD symptoms impose on the student's major life activities.
- The student's strengths and weaknesses and what implications ADHD may have on his/her academic functioning.
- If the student was on ADHD medication during testing and how the results may have been impacted.

A **Specific Diagnosis** with the accompanying DSM-IV-TR diagnostic code is required. The DSM-IV-TR criteria should be met including:

- 6 of the 9 criteria for 1) inattention or 2) hyperactivity-impulsivity
- Some hyperactive/impulsive or inattentive symptoms that caused impairment were present before age 7 years
- Some impairment from the symptoms is present in two or more settings
- There must be clear evidence of clinically significant impairment in social, academic, occupational functioning
- 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).
- ADHD, Not Otherwise Specified may be diagnosed if the prominent symptoms of inattention or hyperactivity/impulsivity meet the criteria for ADHD, Predominately Inattentive Type but the age at onset is 7 years or after or for students with clinically significant impairment who present with inattention and whose symptom patten does not meet the full criteria for the disorder, but have a behavioral pattern marked by sluggishness, daydreaming, and hypoactivity.

### **IV. The Accommodations Must be Appropriate and Supported by the Documentation**

The evaluator should make recommendations for academic accommodations. It is important that each accommodation is supported by the evidence presented in the scores and clinical summary. Each accommodation should have a rationale that supports the need for the accommodation; test data can be used to provide this rationale. The need for certain accommodations can change over time; therefore, a prior history of an accommodation does not warrant a similar accommodation if the test data do not support the need.

PSD reserves the right to seek clarification from the evaluator if it is believed that the accommodations are excessive or are not clearly supported by the test data. If this occurs, an addendum will be requested in which the evaluator provides rationale for the accommodations in question and/or revises the recommended accommodations.