

Disability Support Services
Building 43, Room 109

Guidelines for Documentation of Attention Deficit/Hyperactivity Disorder (ADHD)

Students who are seeking support services or accommodations at Embry-Riddle Aeronautical University on the basis of a diagnosed attention deficit/hyperactivity disorder (AD/HD) are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA).

The following guidelines are provided in the interest of ensuring that evaluation reports are appropriate and sufficient to document disability. The Disability Support Services Director is available to consult with clinicians concerning any of these guidelines.

1. A qualified professional must conduct the evaluation.

Clinicians conducting assessments and rendering a diagnosis of AD/HD must have training in differential diagnosis and the full range of neurodevelopmental disorders. The name, title, professional credentials, as well as licensing and certification information should be clearly stated in the evaluation. The following professionals are generally considered to be qualified to evaluate and diagnose AD/HD: clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. Use of diagnostic terminology by someone whose training and experience are not in these fields is not acceptable. Any hand-written notes or documents that do not include the clinician's signature and professional letterhead will not be accepted.

2. Documentation should be current.

The provision of services and accommodations is based on the current impact of the disability on academic performance. In most cases, documentation should be completed within the past three years. If documentation is inadequate in scope or content, or does not address an individual's current level of functioning and need for accommodation, reevaluation may be warranted. In cases where a new medication has been prescribed or medication previously taken has been discontinued subsequent to the evaluation, it may be necessary to update the evaluation report.

3. Documentation should be comprehensive.

Because AD/HD is, by definition, 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. In addition to providing detailed evidence of a childhood history of the impairment, the following areas must be investigated:

- a. 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.
- b. The individual's developmental history.
- c. Family history that explores the presence of AD/HD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner.
- d. Relevant medical history, including medications and determination of the absence of a medical basis for the symptoms being evaluated.
- e. A thorough academic history of elementary, secondary, and postsecondary education, including review of prior psychoeducational reports to determine whether a pattern of strengths and weaknesses is supportive of attention-based learning problems.
- f. Description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention.

4. Alternative diagnoses and explanations should be ruled out.

The clinician must investigate and discuss the possibility of alternative or coexisting mood, behavioral, neurological and/or personality disorders which may confound the diagnosis of AD/HD. This process should include exploration of psychosocial and educational factors affecting the individual which may result in behaviors which mimic an AD/HD.

5. Testing should be relevant.

Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder in the academic setting. The clinician should objectively review relevant testing to support the diagnosis. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or subtest scales should not be used as the sole measure for diagnostic profile. Checklists and/or surveys can serve to supplement the diagnostic profile but are not adequate in and of themselves for the diagnosis of AD/HD and do not substitute for clinical observations and sound diagnostic judgment. Data must logically reflect a substantial limitation for learning for which the individual is requesting accommodations.

6. A complete diagnostic report should be provided.

According to the DSM-5, “the essential feature of AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed at a comparable level of development.” A diagnostic report should include a review and discussion of the DSM-5 criteria for AD/HD both currently and retrospectively and specify which symptoms are present.

7. Documentation must include a specific diagnosis.

The report must include a specific diagnosis of AD/HD based on the DSM-5 diagnostic criteria. Use of terms such as “suggests”, “is indicative of,” and “attention problems” is not acceptable. Individuals who report only problems with organization, test anxiety, memory and concentration in selective situations do not fit the prescribed diagnostic criteria for AD/HD. A positive response to a new medication or the use of medication does not in and of itself support or negate the need for accommodations.

8. An interpretive summary should be provided.

An interpretive summary based on a comprehensive evaluative process is a necessary component of the documentation. This summary should include indication and discussion of the substantial limitation to learning presented by the AD/HD and the degree to which this affects the individual in a learning environment.

9. Each recommended accommodation should include a rationale.

The diagnostic report should include specific recommendations for accommodations that are realistic and that the university can reasonably provide. A detailed explanation should be provided as to why each accommodation is recommended and should be correlated with specific functional limitations determined through interview, observation and/or testing. A school plan such as an IEP/504 is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. A prior history of accommodations without clear demonstration of current needs does not warrant the provision of like accommodations. The determination of reasonable accommodations for a disabled student at Embry-Riddle rests with the Disability Support Services Director working in collaboration with the individual with the disability.

Documentation should be sent to: Embry-Riddle Aeronautical University
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