

Pellissippi State Technical Community College
Guidelines for Documentation of Attention Deficit/Hyperactivity Disorder

These guidelines are provided in the interest of assuring that AD/HD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. They are consistent with current national standards for post secondary education.

It is the student's responsibility to provide documentation to this office. Students are encouraged to identify themselves to the office, but are not required to do so. If a student chooses not to reveal a disability or provide appropriate documentation, Services for Student With Disabilities cannot provide services or accommodations to the student.

I. Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of AD/HD and making recommendations for accommodations must be qualified to do so. The following professionals would generally be considered qualified to evaluate and diagnose AD/HD provided they have training and experience in the assessment of AD/HD in adolescents and adults: psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. A clinical team approach containing educational, medical, and counseling professionals with training in the evaluation of AD/HD in adolescents and adults is recommended. Use of diagnostic terminology indicating the presence of AD/HD by someone whose training and experience are not in these fields is not acceptable. It is not considered appropriate for professionals to evaluate members of their families. All documentation should include the name, title, and credentials of the evaluator. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

II. Documentation must be Current and Comprehensive

In most cases, a diagnostic evaluation should have been completed within the past three years. It should address the current level of functioning, need for accommodations, and be applicable to the current educational setting.

The following information should be included in a comprehensive assessment: clinical summary of objective historical information: establishment of symptoms first exhibited in childhood and continuing through adolescence and adulthood, and existence in more than one setting with inclusion of relevant documentation from past educational testing and records and third party interviews, if appropriate. A statement of current impairment must be provided, indicating impairment in two or more settings. Documentation should contain a **Diagnostic Interview** consisting of more than self-report. At a minimum the Diagnostic Interview should include a developmental history, family history, relevant medical and medication history, relevant psychosocial history, relevant academic history, relevant employment history and a thorough review of prior psychoeducational testing to document functional

Alimitations pertaining the an educational setting. Clear explanations of current substantial limitations to learning or other major life activity in an educational setting that are perceived as a direct result of AD/HD should be provided.

III. Relevant testing information must be included

Documentation must contain relevant psychoeducational or neuro-psychological testing information that demonstrates the current impact of the AD/HD in an educational setting. Results of **a complete psychoeducational assessment** are necessary including the following domains: Aptitude testing, Academic Achievement, Information Processing, other standard and formal assessments measures. (See Appendix for a list of commonly used tests). All standard/or percentile scores should be provided for all normed measures. Grade equivalents alone are not acceptable. The diagnostician must review and include the relevant information that supports the diagnosis and its impact in educational settings. Test scores or subtest scores by themselves should not be the only measure of the diagnosis. Checklists and surveys may supplement the diagnosis but are not adequate as sole diagnostic measures. Reports must include the date(s) of testing.

IV. Documentation should include a thorough investigation of alternative diagnoses or explanations and a specific diagnosis

The diagnostician should clearly rule out alternative or co-morbid explanations for academic problems that may appear similar to AD/HD. There should be a **clear and specific diagnosis** of AD/HD including a review and discussion of the DSM-IV criteria used. The diagnostician should use direct language and avoid terms such as, “suggests,” or “is indicative of,” or “attention problems.”

V. Documentation should include specific recommendations of reasonable accommodations, as well as an explanation as to why each accommodation is recommended

Recommendations must relate to the need for accommodations at the individual’s present level of functioning in an educational setting. Copies of an Individual Educational Plans (IEP) or a 504 Plan alone are not acceptable documentation. Prior accommodations in an educational setting do not necessarily warrant the provision of current accommodations. Services for Students with Disabilities will seek clarification of information and recommendations for accommodations if necessary. Services for Students with Disabilities will make the final determination in providing appropriate and reasonable accommodations.

Appendix

Tests for Assessing Adolescents and Adults

Psychoeducational and neuropsychological testing

Aptitude

- Wechsler Adult Intelligence Scale – III (WAIS-III)
- Woodcock-Johnson Psychoeducational Battery – Revised; Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test (KAIT)

Academic Achievement

- Scholastic Abilities Test for Adults
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

Or specific achievement tests such as:

- Nelson-Denny Reading Skills Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language – 3 (TOWL-3)
- Woodcock Reading Mastery Tests – Revised

Information Processing

- Detroit Tests of Learning Aptitude-3 (DTLA-3)
- Information from subtests on WAIS-R or Woodcock-Johnson Psychoeducational Battery- Revised: Tests of Cognitive Ability, as well as other relevant instruments

Rating Scales (to be used in conjunction with other data) such as:

- Wender Utah Rating Scale
- Brown Attention-Activation Disorder Scale
- Beck Anxiety Inventory
- Hamilton's Depression Rating Scale
- Conners Teacher Rating Scale (ages 3-17)
- Conners Parent Rating Scale (ages 3-17)