GUIDELINES FOR DOCUMENTATION OF ATTENTION DEFICIT DISORDERS

The following are guidelines for the documentation of Attention Deficit Disorders. These guidelines have been developed to provide necessary information to Disability Services when arranging appropriate accommodations:

1. **A qualified professional must conduct the evaluation.** Professional conducting assessments and rendering diagnoses of ADD must have training in differential diagnosis and the full range of psychiatric 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 ADD: 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.

2. **Documentation should be current.** The provision of services and accommodations is based upon the current impact of the disability on academic performance. In most cases, documentation should be completed with 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 ADD 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, which explores the presence of ADD 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 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. **Rule out of alternative diagnoses or explanations.** The evaluator must investigate and discuss the possibility of alternative or co-existing mood, behavioral, neurological and/or personality disorders, which may confound the diagnosis of ADD. This process should include exploration of psychosocial and educational factors affecting the individual, which may result in behaviors, which mimic an ADD.

5. **Relevant testing.** Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder in the academic setting. The evaluator 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 diagnosis. Checklists and/or surveys can serve to supplement the diagnostic profile but are not adequate in and of themselves for the diagnosis of ADD 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(s).

6. **Identification of DSM-IV criteria.** According to the DSM-IV, “the essential feature of ADD/ADHD 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-IV criteria for ADD/ADHD 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 ADD based on the DSM-IV 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
ADD. A positive response to medication or the use of medication does not in and of itself either 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 ADD 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 UNE 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, but can be included as part of a more comprehensive evaluative report. A prior history of accommodations without clear demonstration of current need does not warrant the provision of like accommodations. The determination of reasonable accommodations for a student with a disability at UNE rests with the Disability Services Coordinator working in collaboration with the individual with the disability.

All documentation will remain confidential. Documentation should be submitted by the evaluator directly to:

University of New England
Disability Services
716 Stevens Avenue
Portland, ME 04103
(207) 221-4418 phone
(207) 523-1919 fax

These guidelines have been adapted from the Consortium on ADHD Documentation, Brinckerhoff et al., 1998.

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